

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

(C-SSAGA-P)

**PARENT VERSION
[FOR CHILDREN AGES 7-17]**

Developed by Members of the COGA Child Assessment Team

C-SSAGA-P

RESPONDENT'S I.D.:
(1) (2) (3) (4) (5) (6) (7) (8)

CHILD'S I.D.:

FIRST CHILD:

SECOND CHILD:

THIRD CHILD:

SITE I.D.:

()

- CONNECTICUT.....1
- INDIANA.....2
- IOWA.....3
- NEW YORK.....4
- ST. LOUIS.....5
- SAN DIEGO.....6

INTERVIEWER'S I.D.:
(-)

DATE OF INTERVIEW: / /
(-) (-) (-)
MO DAY YR

TIME STARTED: :
(-) (-)

(USE 24 HOUR CLOCK)

TYPE OF INTERVIEW:

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- PERSONAL INTERVIEW.....1
- TELEPHONE INTERVIEW.....2

NOTE TO INTERVIEWER

THE PARENT'S VERSION OF THE C-SSAGA-P ALLOWS THE PARENTS TO REPORT ON UP TO THREE (3) CHILDREN IN ONE SESSION. IF ADDITIONAL CHILDREN, GO TO A NEW QUESTIONNAIRE.

Introduction

In this interview I am going to ask you a number of questions about your child(ren). These questions are about your child at home and at school. I will also ask about your child(ren)'s health and about their feelings and emotions. We want to assure you again that everything you tell us will be held in the strictest confidence and the only time we would break that confidence is if we found out that someone in the family was being seriously hurt.

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

A: DEMOGRAPHICS

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
A1. Sex of children (OBSERVED)	MALE....1 FEMALE..2	MALE....1 FEMALE..2	MALE....1 FEMALE..2

A2. Race of children (OBSERVED AND ASKED)	CAUCASIAN.....1.....1.....1	BLACK.....2.....2.....2	HISPANIC.....3.....3.....3	ASIAN.....4.....4.....4	AMERICAN INDIAN.....5.....5.....5	OTHER (SPECIFY).....6.....6.....6
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A3. How old is your child?	___/___	___/___	___/___	AGE
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A4. Can you tell me his birthday?	_/_/_/_	_/_/_/_	_/_/_/_	MO DA YR	MO DA YR	MO DA YR
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NOTE TO INTERVIEWER: SUBTRACT BIRTHDATE FROM CURRENT DATE TO VERIFY AGE IN Q.A3. IF CHILD DOES NOT KNOW YEAR OF BIRTH, MAKE SURE HE IS INDICATING THE AGE HE IS NOW, AND NOT THE AGE HE WILL BE NEXT BIRTHDAY.

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
A5A. Is he enrolled in a school now?	NO....1 YES...5	NO....1 YES...5	NO....1 YES...5

B.

<p>IF NO, DETERMINE IF CHILD DROPPED OUT OF SCHOOL AND CODE.</p> <p style="text-align: center;">DROPPED OUT.....1.....1.....1 HASN'T DROPPED OUT...2.....2.....2</p> <p>IF DROPPED OUT ASK: HOW OLD WAS HE WHEN HE DROPPED OUT OF SCHOOL? ___/___ ___/___ ___/___ AGE</p> <p>IF YES TO A5A, SKIP TO A5C.</p>
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C. What grade is he in? ___ ___ ___ ___ ___ ___ GRADE

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

<p>NOTE TO INTERVIEWER: IF SUMMER OR CHILD NOT IN SCHOOL, CODE LAST GRADE COMPLETED. IF IN KINDERGARTEN, CODE "00."</p>
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A6. How many people live in his home? ___ ___ ___ ___ ___ ___ PEOPLE

A7. Can you tell me who they are and how old they are?

<p>RECORD PEOPLE WITH RESPECT TO THEIR RELATIONSHIP TO CHILD, I.E. MOM, STEPDAD, BROTHER.</p>

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

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

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

<p>CODE NUMBER OF SIBLINGS. IF NONE CODE 00.</p>	_____	_____	_____	SIBS
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RECORD: _____

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
A9A. Is his real (natural) father living with him?			
NO.....	1.....	1.....	1.....
YES..(SKIP TO A11A).....	5.....	5.....	5.....
 B. Could you tell me why it is that his real (natural) father isn't living with him now?			
SEPARATED.....	1.....	1.....	1.....
DIVORCED.....	2.....	2.....	2.....
DIED.(SKIP TO A11A).....	3.....	3.....	3.....
PARENTS NEVER MARRIED....	4.....	4.....	4.....
OTHER.....	5.....	5.....	5.....
 IF OTHER, RECORD: _____			

A10A. Does he ever get to see his real father?			
NO..(SKIP TO A11A).....	1.....	1.....	1.....
YES.(CONTINUE).....	5.....	5.....	5.....
 B. How often does he see him?			
COUPLE OF TIMES A WEEK.(SKIP TO A11A).....	1.....	1.....	1.....
ONCE A WEEK.....(SKIP TO A11A).....	2.....	2.....	2.....
EVERY TWO WEEKS.....(SKIP TO A11A).....	3.....	3.....	3.....
ONCE A MONTH.....(SKIP TO A11A).....	4.....	4.....	4.....
HOLIDAYS ONLY.....(CONTINUE).....	5.....	5.....	5.....
ONCE A YEAR.....(SKIP TO A11A).....	6.....	6.....	6.....
LESS THAN ONCE A YEAR..(SKIP TO A11A).....	7.....	7.....	7.....
 C. About how many days a year does he get to see him? _____ DAYS			
<div style="border: 1px solid black; padding: 2px; display: inline-block;">98+ = 98</div>			

A11A. Is his real (natural) mother living with him?			
NO.....	1.....	1.....	1.....
YES..(SKIP TO A13).....	5.....	5.....	5.....
 B. Could you tell me why his real (natural) mother isn't living with him now?			
SEPARATED.....	1.....	1.....	1.....
DIVORCED.....	2.....	2.....	2.....
DIED...(SKIP TO A13).....	3.....	3.....	3.....
PARENTS NEVER MARRIED....	4.....	4.....	4.....
OTHER.....	5.....	5.....	5.....
 IF OTHER, RECORD: _____			

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
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A12A. Does he ever get to see his real mother?

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

B. How often does he get to see her?

COUPLE OF TIMES A WEEK.(SKIP TO A13).....	1.....	1.....	1.....
ONCE A WEEK.....(SKIP TO A13).....	2.....	2.....	2.....
EVERY TWO WEEKS.....(SKIP TO A13).....	3.....	3.....	3.....
ONCE A MONTH.....(SKIP TO A13).....	4.....	4.....	4.....
HOLIDAYS ONLY.....(CONTINUE).....	5.....	5.....	5.....
ONCE A YEAR.....(SKIP TO A13).....	6.....	6.....	6.....
LESS THAN ONCE A YEAR..(SKIP TO A13).....	7.....	7.....	7.....

C. About how many days a years does he get to see her? ___ ___ ___ ___ ___ ___ DAYS

98+ = 98

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

A13. Has he had any sickness that he's had to see a doctor about? (For example, breathing problems, hearing problems, or problems with his eyes or his heart? Anything else like that?)

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

RECORD: _____

A14. Has he ever had to go to the hospital or the emergency room because he was sick or injured?

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

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

RECORD: _____

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
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A15A. Has he ever had to take any medicine that a doctor gave him? (Besides aspirin, Tylenol, or cough syrup.)

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

RECORD: _____

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

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

RECORD: _____

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

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

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

B. Would you tell me who he talked to and what he talked about?

RECORD: _____

B: SCHOOL AND OTHER ACTIVITIES OUTSIDE THE HOME

Now I'd like to ask you a few questions about how your child gets along at school and what he does in his spare time.

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
B1. What are(were) his grades like in school?			
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 his grades always been that way? (Were your grades always that way?)			
NO.....	1.....	1.....	1.....
YES..(SKIP TO B5A).....	5.....	5.....	5.....

RECORD: _____

B. Were they higher or lower than they are now?			
HIGHER.....	1.....	1.....	1.....
LOWER..(SKIP TO B4).....	2.....	2.....	2.....
SOME YEARS HIGHER/ OTHER YEARS LOWER.....	3.....	3.....	3.....

B3. What grade was he in when his grades were the highest they've ever been?

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

RECORD: _____

<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
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NOTE TO INTERVIEWER:
IF GRADES WERE EQUALLY HIGH FOR SEVERAL YEARS, CODE THE MOST RECENT 3 GRADES. IF ONE GRADE WAS HIGHEST, JUST CODE ONE GRADE.

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

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

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

RECORD: _____

FIRST CHILD SECOND CHILD THIRD CHILD

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

___ 1ST GRADE OF LOW MARKS ___

___ 2ND GRADE OF LOW MARKS ___

___ 3RD GRADE OF LOW MARKS ___

B5A. Has he ever been held back a grade in school?

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

RECORD: _____

B. How many times has he been held back in school? ___ ___ ___ ___ ___ ___ TIMES

C. For which grade(s) was he held back? ___ ___ ___ ___ ___ ___ GRADE

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

___ ___ ___ ___ ___ ___ GRADE

___ ___ ___ ___ ___ ___ GRADE

B6A. Has he ever skipped a grade?

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

B. How many times has he skipped a grade? ___ ___ ___ ___ ___ ___ TIMES

C. Which grade(s) did he skip? ___ ___ ___ ___ ___ ___ GRADE

___ ___ ___ ___ ___ ___ GRADE

___ ___ ___ ___ ___ ___ GRADE

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
B7. Has he ever been in a special group for kids who are doing very well in school — the top reading group, or track I, or in advanced placement classes?	NO....1 YES...5	NO....1 YES...5	NO....1 YES...5

RECORD: _____

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

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

**INTERVIEWER: AEROBIC EXERCISES
COUNT AS A SPORT.**

RECORD: _____

B. Has he ever been on a team, or is he on a team now?

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

RECORD TEAMS: _____

C. What was the last grade in which he was on a team? ___ ___ ___ ___ ___ ___ GRADE

D. How much time does/did he spend (NAME of SPORT(S)) _____?

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

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

B9A. Does he have any other after school activities? For example, is he in the school band, does he sing in a choir at school or church, or belong to the (BOY/GIRL) scouts? Anything else?

FIRST CHILD SECOND CHILD THIRD CHILD

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

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

RECORD ACTIVITIES: _____

B. How much time does he spend in after school activities?

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

B10A. Does he work part time, like raking leaves, delivering newspapers, working in a fast food restaurant, or baby sitting?

NO..(SKIP TO B11).....1.....1.....1
YES.....5.....5.....5

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

B. How many hours a week does he spend working?

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

B11. What does he do in his spare time?

(PROBE: WHEN HE'S NOT DOING SCHOOL WORK OR DOING SOMETHING AFTER SCHOOL, DOES HE HANG OUT WITH HIS FRIENDS, OR MAYBE COLLECT STAMPS, OR READ?)

NOTHING.....1.....1.....1
NO SPARE TIME.....2.....2.....2
OTHER..(SPECIFY).....3.....3.....3

RECORD: _____

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
B12. Does he find that he's bored...			
NEVER.....	1.....	1.....	1.....
ONLY OCCASIONALLY.....	2.....	2.....	2.....
SOME OF THE TIME.....	3.....	3.....	3.....
MOST OF THE TIME.....	4.....	4.....	4.....

B13A. Does he go to a sitter, relative's house, day care, or latchkey program before school?			
NO..(SKIP TO B13C).....	1.....	1.....	1.....
YES.....	5.....	5.....	5.....
B. How many days a week does he spend there before school?	_ _	_ _	_ _ DAYS

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

C. Does he go to a sitter, relative's house, day care, or latchkey program after school?			
NO..(SKIP TO B14A).....	1.....	1.....	1.....
YES.....	5.....	5.....	5.....
D. How many days a week does he spend there after school?	_ _	_ _	_ _ DAYS

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

B14A. Has he ever won a contest or received a prize for anything? I mean, like in sports, or singing, or being in a talent show, a spelling bee, or a science fair prize; things like that?			
NO..(SKIP TO C1).....	1.....	1.....	1.....
YES.....	5.....	5.....	5.....

B. Tell me about it.

**NOTE TO INTERVIEWER:
RECORD ALL EVENTS WITH AGES**

RECORD: _____

C. Was that very important for him? Or was it not a big deal?			
VERY IMPORTANT.....	1.....	1.....	1.....
NO BIG DEAL.....	2.....	2.....	2.....
IN BETWEEN.....	3.....	3.....	3.....

C: ATTENTION DEFICIT - HYPERACTIVITY DISORDER

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

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

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

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

		<u>FIRST CHILD</u>		<u>SECOND CHILD</u>		<u>THIRD CHILD</u>	
		<u>LIFE TIME</u>	<u>NOW</u>	<u>LIFE TIME</u>	<u>NOW</u>	<u>LIFE TIME</u>	<u>NOW</u>
ADHD3RA1	C1.	Have there often been times in his life when it was very hard for him to sit still? Did this cause problems for him?		NO..1 YES.5	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5
		(EXAMPLE: WAS HE SQUIRMING IN HIS SEAT, PLAYING WITH HIS HANDS AND FINGERS -- JUST NEVER ABLE TO SIT STILL?)					
ADHD3RA2	C2.	When he were in school, did he often have trouble staying in his seat?		NO..1 YES.5	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5
		(EXAMPLE: IN THE CLASSROOM WAS THE TEACHER ALWAYS TELLING HIM TO STAY IN HIS SEAT OR GO SIT DOWN?)					

[IS IN AND OUT OF SEAT]

		<u>FIRST CHILD</u>		<u>SECOND CHILD</u>		<u>THIRD CHILD</u>	
		<u>LIFE TIME</u>	<u>NOW</u>	<u>LIFE TIME</u>	<u>NOW</u>	<u>LIFE TIME</u>	<u>NOW</u>
ADHD3RA3	C3.	Has it often been hard for your child to keep his mind on his work when there were other things going on in the same room?		NO..1 YES.5	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5
		(EXAMPLE: WHEN OTHER PEOPLE AROUND HIM TALKED, OR IF HE HEARD NOISES COMING FROM OUTSIDE, WAS HE EASILY DISTRACTED?)					

[IS EASILY DISTRACTED BY EXTRANEOUS STIMULI]

ADHD3RA4	C4.	Has it often been hard for him to wait his turn in games or when he was waiting in line?		NO..1 YES.5	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5
		(EXAMPLE: DID HE GET RESTLESS WHEN HE HAD TO STAND IN LINE? DID HE HAVE MORE TROUBLE WAITING IN LINE THAN MOST PEOPLE HIS AGE?)					
ADHD3RA5	C5.	Have other people like his teacher or parents often complained that he started answering a question before they finished asking it?		NO..1 YES.5	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5
		(EXAMPLE: DID HE OFTEN BLURT OUT AN ANSWER TO A QUESTION BEFORE SOMEONE HAD FINISHED ASKING IT?)					
ADHD3RA6	C6.	Has he had a lot of problems because, even after the teacher explained a lesson to him or his mother gave him instructions to do something, he somehow never managed to get it done?		NO..1 YES.5	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5
		(EXAMPLE: DO PEOPLE SAY THAT HE NEVER FOLLOW THROUGH? DOES HE QUICKLY FORGET WHAT HE'S SUPPOSED TO DO?)					

		<u>FIRST CHILD</u>		<u>SECOND CHILD</u>		<u>THIRD CHILD</u>			
		<u>LIFE TIME</u>	<u>NOW</u>	<u>LIFE TIME</u>	<u>NOW</u>	<u>LIFE TIME</u>	<u>NOW</u>		
ADHD3RA7	C7A.	Has he often had trouble keeping his mind on his homework or his work at school? Has he often just started daydreaming or thinking about something else when work needed to be done?		NO..1 YES.5	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5
		(EXAMPLE: DID PEOPLE TELL HIM THAT HE DAYDREAMED TOO MUCH OR DIDN'T PAY ATTENTION TO HIS WORK?)							
ADHD3RA7	B.	Has he often had problems when he's been playing games with his friends, because he had a lot of trouble paying attention to the rules or remembering whose turn it was?		NO..1 YES.5	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5
		(EXAMPLE: DID HIS FRIENDS GET MAD AT HIM FOR IT?)							

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

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

<p>IF "NO" TO QS.C1-C8, SKIP TO OPPOSITIONAL DISORDER, Q.D1., P.18. IF ANY 5'S, CONTINUE.</p>
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ADHD3RA9	C9.	Was there ever a time when it was really hard for him to play quietly by himself or with other kids?		NO..1 YES.5	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5
		(EXAMPLE: WERE PEOPLE ALWAYS TELLING HIM THAT HE WAS TOO NOISY, THAT HE WAS ALWAYS RUNNING AROUND, OR THAT HE NEVER PLAYED QUIETLY?)							

[HAS DIFFICULTY PLAYING QUIETLY]

		<u>FIRST CHILD</u>		<u>SECOND CHILD</u>		<u>THIRD CHILD</u>	
		<u>LIFE TIME</u>	<u>NOW</u>	<u>LIFE TIME</u>	<u>NOW</u>	<u>LIFE TIME</u>	<u>NOW</u>
ADHD3RA10	C10.	Have people ever told him that he talked all the time or that he never stopped talking?		NO..1 YES.5	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5
		(EXAMPLE: WAS TALKING ALL THE TIME A PROBLEM FOR HIM? DID PEOPLE TELL HIM ABOUT IT OVER AND OVER?)					
ADHD3RA11	C11.	Has the teacher or have his friends often complained that he interrupted them or butted into their conversations or activities?		NO..1 YES.5	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5
		(EXAMPLE: DID HIS FRIENDS COMPLAIN THAT HE BARGED INTO WHATEVER THEY WERE DOING?)					
ADHD3RA12	C12.	Have his parents or teachers told him that he was not really listening to them? Did they say that they had to tell him the same thing over and over?		NO..1 YES.5	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5
ADHD3RA13	C13.	Have there been times when he was always losing things like pencils, notebooks, or papers from school? Other examples might be losing the keys to the house or losing his homework.		NO..1 YES.5	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5
		(EXAMPLE: WHEN HE GOT READY TO DO SOME HOMEWORK, DID HE FIND THAT HE NEVER HAD ALL THE THINGS HE NEEDED? WHEN HE GOT READY TO PLAY A GAME, DID HE HAVE TROUBLE FINDING ALL THE PARTS?)					

		<u>FIRST CHILD</u>		<u>SECOND CHILD</u>		<u>THIRD CHILD</u>	
		<u>LIFE TIME</u>	<u>NOW</u>	<u>LIFE TIME</u>	<u>NOW</u>	<u>LIFE TIME</u>	<u>NOW</u>
ADHD3RA14	C14. Have other people often gotten upset with him for doing dangerous things, like running out into the street without looking?	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5

(EXAMPLE: WHAT ABOUT CLIMBING UP ON THINGS THAT ARE DANGEROUS? RIDING HIS BIKE IN DANGEROUS PLACES? JUST NOT BEING CAREFUL?)

NOTE TO INTERVIEWER: ELIMINATE THRILL SEEKERS. ASK IF RESPONDENT DID THESE THINGS BECAUSE S/HE DIDN'T THINK ABOUT WHAT MIGHT HAPPEN, OR BECAUSE S/HE THOUGHT THE DANGER MADE IT EXCITING. CODE POSITIVE ONLY IF RESPONDENT DIDN'T THINK ABOUT WHAT MIGHT HAPPEN.

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

IF 3 OR LESS 5'S IN QS.C1-C14, SKIP TO OPPOSITIONAL DISORDER, Q.D1, P.18.
IF 4 OR MORE 5'S, CONTINUE.

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>	
ADHD3RB	C15A. How old was he when he started having problems like (NAME 5's IN QS.C1-C14?)	__ __	__ __	__ __	YEARS

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

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

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

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

IF OVER A YEAR AGO, ASK:

C.	How old was he then?	__ __	__ __	__ __	YEARS
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FIRST CHILD SECOND CHILD THIRD CHILD

ADHD3RA C15D.

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

[SYMPTOMS OCCURRED AT THE SAME TIME]

ADHD3RA E.

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

[SYMPTOMS LASTED FOR AT LEAST 6 MONTHS]

FIRST CHILD SECOND CHILD THIRD CHILD

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

RECORD: _____

<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
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C17. A. Do you know the name of the medicine?

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

RECORD: _____

B. After he took the medicine, did these problems start to get better?	NO....1	NO....1	NO....1
	YES...5	YES...5	YES...5

IF Q.C16B = 3, CONTINUE. OTHERS SKIP TO <u>OPPOSITIONAL DISORDER</u>, Q.D1, P.18.
--

C18. Did talking with this person help him with his problems?	NO....1	NO....1	NO....1
	YES...5	YES...5	YES...5

SKIP TO <u>OPPOSITIONAL DISORDER</u>, Q.D1, P.18.
--

C19. Did (ANSWER IN C16B)) help?	NO....1	NO....1	NO....1
	YES...5	YES...5	YES...5

D: OPPOSITIONAL DISORDER

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

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

			<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
ODD3RA1	D1.	Is your child always losing his temper with adults or with his friends?	NO....1 YES...5	NO....1 YES...5	NO....1 YES...5

(EXAMPLE: DOES HE YELL OR TALK BACK TO THEM?)

[OFTEN LOSES TEMPER]

ODD3RA2	D2A.	Does he get into lots of arguments with his parents, his teachers or other adults?			
			NO...(SKIP TO D3A).....1.....1.....1		
			YES..(SPECIFY).....5.....5.....5		

[OFTEN ARGUES WITH ADULTS]

B. With whom does he argue a lot?

RECORD: _____

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

[OFTEN ACTIVELY DEFIES OR REFUSES ADULT REQUESTS OR RULES]

B. What kind of things does he refuse to do?

RECORD: _____

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

ODD3RA5	D5.	Whenever he does something wrong, or when something bad happens to him, is it mostly...
---------	-----	---

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

(EXAMPLE: DO PEOPLE SAY THAT HE MAKES TOO MANY EXCUSES FOR HIMSELF?)

IF ANY 5'S IN D1-D4 OR IF D5 IS CODED 2, CONTINUE. OTHERS SKIP TO <u>CONDUCT DISORDER</u> Q.E1, P.22.
--

ODD3RA6	D6.	Has he often felt that people bug him or get on his nerves a lot?	NO....1 YES...5	NO....1 YES...5	NO....1 YES...5
---------	-----	---	--------------------	--------------------	--------------------

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

DO NOT COUNT SIBLINGS.

[OFTEN TOUCHY OR EASILY ANNOYED BY OTHERS]

ODD3RA7	D7.	Does he get angry or irritated with people a lot of the time? Does he get angry with his parents, teachers, or friends?	NO....1 YES...5	NO....1 YES...5	NO....1 YES...5
---------	-----	---	--------------------	--------------------	--------------------

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

DO NOT COUNT SIBLINGS.

[IS OFTEN ANGRY AND RESENTFUL]

			<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
ODD3RA8	D8.	Whenever someone has done something unfair to him, does he often try to get back at them in some spiteful way, for example, by saying mean things to them or about them? (EXAMPLE: WOULD HE TELL OTHER PEOPLE THINGS ABOUT THEM THAT WEREN'T TRUE? WOULD HE TELL A SECRET THAT THEY HAD TOLD HIM?)	NO....1 YES...5	NO....1 YES...5	NO....1 YES...5
ODD3RA9	D9.	Does he usually swear a lot or use curse words in situations where he really shouldn't?	NO....1 YES...5	NO....1 YES...5	NO....1 YES...5

[OFTEN SWEARS OR USES OBSCENE LANGUAGE]

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

(PROBE: DO YOU REMEMBER WHAT GRADE HE WAS IN?)

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

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

IF OVER A YEAR AGO, ASK:

C. How old was he the last time he had _____ YEARS any of these problems?

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

FIRST CHILD SECOND CHILD THIRD CHILD

ODD3RA D10D

<u>NOTE TO INTERVIEWER:</u>			
DO THESE PROBLEMS CLUSTER?	NO....1	NO....1	NO....1
	YES...5	YES...5	YES...5
IF CLUSTERING IS NOT CLEAR FROM CHILD'S ANSWERS, PROBE. OTHERWISE CODE WITHOUT ASKING.			

[SYMPTOMS OCCURRED AT THE SAME TIME]

ODD3RA E.

<u>NOTE TO INTERVIEWER:</u>			
DID THESE PROBLEMS LAST 6 MONTHS OR LONGER?	NO....1	NO....1	NO....1
	YES...5	YES...5	YES...5
IF NOT CLEAR FROM INFORMATION OBTAINED SO FAR, PROBE. OTHERWISE CODE WITHOUT ASKING.			

[SYMPTOMS LASTED FOR AT LEAST 6 MONTHS]

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

E: CONDUCT DISORDER

SCORE SECTION AND USE TALLY SHEET E.

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

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
E1A. Has he ever been suspended from school?			
NO..(SKIP TO E2A).....	1.....	1.....	1.....
YES.....	5.....	5.....	5.....

NOTE TO INTERVIEWER: IN-SCHOOL SUSPENSIONS COUNT.

B. How many times has he been suspended from school? _ _ _ TIME

REMINDER: 98+ = 98

IF DK ASK C.

C. 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.....

D. Can you tell me why he was suspended?

RECORD: _____

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

NO..(SKIP TO E3A)..	....1.....	1.....	1.....
YES.....	....5.....	5.....	5.....

B. How many times has he been expelled from school? _ _ _ TIMES

IF DK ASK C.

C. 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.....

D. Can you tell me why he was expelled?

RECORD: _____

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
E3A. Has he ever stolen anything, like money from someone's purse or did he shoplift something from a store?			
	NO.....1.....	1.....	1.....
	YES..(SPECIFY).....5.....	5.....	5.....

RECORD: _____

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

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

RECORD: _____

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

CD3RA1 C. How many times has he stolen things altogether? _____ TIMES

IF DK ASK D.

D. 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.....

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

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

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

RECORD: _____

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

FIRST CHILD SECOND CHILD THIRD CHILD

CD3RA1 E3F. How many times has he done anything like use a credit card without permission or sign someone else's name on a check? ... TIMES

IF DK ASK G.

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

[FORGERY ON MORE THAN ONE OCCASION]

H. How old was he the first time he (NAME WHAT CHILD DID, E.G., STOLE MONEY FROM MOM'S PURSE OR SIGNED SOMEONE ELSE'S NAME ON A CHECK.)? ... YEARS

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

IF OVER A YEAR AGO, ASK:

J. How old was he then? ... YEARS

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

DESCRIBE: _____

CD3RA2 B. How many times has he run away like that? ... TIMES

IF DK ASK C.

C. Was it... 1 TIME... 1 2 TIMES... (SKIP TO E4E)... 2 3-5 TIMES.. (SKIP TO E4E)... 3 6-10 TIMES. (SKIP TO E4E)... 4 11+ TIMES.. (SKIP TO E4E)... 5

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
E4D. Did he go back home after he ran away?			
	NO.....1.....	1.....1.....	1.....1.....
	YES.....5.....	5.....5.....	5.....5.....
E. How old was he the first time he ran away?	— —	— —	— — YEARS
F. When was the last time he ran away? Was it...			
	WITHIN THE PAST TWO WEEKS.....1.....	1.....1.....	1.....1.....
	WITHIN THE PAST MONTH.....2.....	2.....2.....	2.....2.....
	WITHIN THE PAST SIX MONTHS.....3.....	3.....3.....	3.....3.....
	WITHIN THE PAST YEAR.....4.....	4.....4.....	4.....4.....
	OVER A YEAR AGO.....5.....	5.....5.....	5.....5.....

IF OVER A YEAR AGO, ASK:

G. How old was he then?	— —	— —	— — YEARS
E5A. Of course everybody tells lies or makes up stories once in a while. I'd like to ask if he lies or makes up stories a lot?	NO....1 YES...5	NO....1 YES...5	NO....1 YES...5
(EXAMPLE: LIKE TELLING THE TEACHER HE LOST HIS HOMEWORK WHEN HE REALLY JUST DIDN'T DO IT, OR TELLING HIS PARENTS HE WAS ONE PLACE WHEN HE WAS REALLY SOMEPLACE ELSE.)			
B. Does he get into trouble a lot because people say he's lying? (Does his teachers/friends/parents get upset with him because they think he's lying?)	NO....1 YES...5	NO....1 YES...5	NO....1 YES...5

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

CD3RA3 C. What is the main reason he lies?

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

**HE'S AFRAID OF BEING HURT
PHYSICALLY OR SEXUALLY?.....1.....1.....1
HE ENJOYS LYING?.....2.....2.....2
IT GETS HIM OUT OF TROUBLE?...3.....3.....3
SOME OTHER REASON?.(SPECIFY)..4.....4.....4**

RECORD: _____

[OFTEN LIES OTHER THAN TO AVOID PHYSICAL OR SEXUAL ABUSE]

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>	
E5D. How old was he when he first started telling lies, or when people said he was lying?	_ _	_ _	_ _	YEARS
E. When was the last time he told lies or when people said he was lying?				
Was it...				
WITHIN THE PAST TWO WEEKS.....	1.....	1.....	1.....	
WITHIN THE PAST MONTH.....	2.....	2.....	2.....	
WITHIN THE PAST SIX MONTHS.....	3.....	3.....	3.....	
WITHIN THE PAST YEAR.....	4.....	4.....	4.....	
OVER A YEAR AGO.....	5.....	5.....	5.....	

IF OVER A YEAR AGO, ASK:

F. How old was he the last time?	_ _	_ _	_ _	YEARS
E6A. Has he ever set any fires on purpose that he wasn't supposed to set?				
NO...(SKIP TO E7A).....	1.....	1.....	1.....	
YES...(SPECIFY).....	5.....	5.....	5.....	

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

RECORD: _____

C.

<u>NOTE TO INTERVIEWER:</u> CODE ACCIDENTAL OR DELIBERATE, OR SOME OF BOTH.	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
ACCIDENTAL.....(SKIP TO E7A).....	1.....	1.....	1.....
SOME ACCIDENTAL/SOME DELIBERATE..	2.....	2.....	2.....
DELIBERATE.....	3.....	3.....	3.....

[HAS DELIBERATELY ENGAGED IN FIRE-SETTING]

D. How many times has he set fires on purpose like that?	_ _	_ _	_ _	TIMES
--	-----	-----	-----	-------

IF DK ASK E.

E. 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.....	

F. How old was he the first time he set a fire on purpose?	_ _	_ _	_ _	YEARS
--	-----	-----	-----	-------

<u>FIRST</u> <u>CHILD</u>	<u>SECOND</u> <u>CHILD</u>	<u>THIRD</u> <u>CHILD</u>
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E6G. When was the last time he set a fire on purpose?

Was it...

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

IF OVER A YEAR AGO, ASK:

H. How old was he then? ___ __ ___ __ ___ __ YEARS

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

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

CD3RA5 B. How many times has he skipped school? ___ __ ___ __ ___ __ TIMES

IF DK ASK C.

[IS OFTEN TRUANT FROM SCHOOL]

C. 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.....

D. How old was he the first time he skipped school? ___ __ ___ __ ___ __ YEARS

E. When was the last time he skipped school?

Was it...

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

IF OVER A YEAR AGO, ASK:

F. How old was he the last time he skipped school? ___ __ ___ __ ___ __ YEARS

<u>FIRST</u> <u>CHILD</u>	<u>SECOND</u> <u>CHILD</u>	<u>THIRD</u> <u>CHILD</u>
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E8A. How about cutting classes — has he cut classes?

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

<p>NOTE TO INTERVIEWER: CUTTING CLASSES MEANS THAT THE CHILD WAS AT SCHOOL BUT JUST DIDN'T GO TO CERTAIN CLASSES.</p>
--

CD3RA5 B. How many days has he cut classes? ___ ___ ___ ___ ___ ___ DAYS

<p>IF DK ASK C.</p>

[IS OFTEN TRUANT FROM SCHOOL]

C. Was it...

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

<p>NOTE TO INTERVIEWER: MAKE SURE THAT THE CHILD DIDN'T JUST SKIP DIFFERENT CLASSES ALL IN 1 DAY.</p>
--

D. How old was he the first time he cut classes? ___ ___ ___ ___ ___ ___ YEARS

E. When was the last time he cut classes?

Was it...

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

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

F. How old was he the last time? ___ ___ ___ ___ ___ ___ YEARS

FIRST CHILD SECOND CHILD THIRD CHILD

CD3RA6 E9A. Has he ever broken into somebody else's house, building, or car?

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

[HAS BROKEN INTO SOMEONE ELSE'S HOUSE, BUILDING, OR CAR]

B. How many times has he done that? _ _ _ _ _ _ TIMES

IF DK ASK C.

C. 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

D. How old was he the first time he broke into somebody else's house, building, or car? _ _ _ _ _ _ YEARS

E. When was the last time he did that?

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

IF OVER A YEAR AGO, ASK:

F. How old was he the last time? _ _ _ _ _ _ YEARS

E10A. Has he ever wrecked or destroyed someone else's property on purpose?

(HERE ARE SOME EXAMPLES:

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

NO..(SKIP TO E11A).....1.....1.....1
YES..(SPECIFY).....5.....5.....5

B. What happened?

RECORD: _____

FIRST CHILD SECOND CHILD THIRD CHILD

CD3RA7

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

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

E10C. How many times has he wrecked someone else's property on purpose? TIMES

REMINDER: 98+ = 98

IF DK ASK D.

D. 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

E. How old was he the first time he wrecked someone else's property on purpose? YEARS

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

IF OVER A YEAR AGO, ASK:

G. How old was he the last time? YEARS

E11A. Has he ever hurt or killed an animal like a cat, a dog, or a pet like a bird, a gerbil, or a hamster? (EXAMPLE: HAS HE BEEN VERY CRUEL TO A LARGER ANIMAL LIKE A HORSE OR COW?)

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

NO.(SKIP TO E12A).....1.....1.....1 YES..(SPECIFY).....5.....5.....5

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

RECORD: _____

FIRST CHILD SECOND CHILD THIRD CHILD

CD3RA8 E11C.

NOTE TO INTERVIEWER:		
WAS THE HARMING DELIBERATE AND CRUEL?		
NO..(SKIP TO E12A).....	1.....	1.....
YES.....	5.....	5.....

[IS PHYSICALLY CRUEL TO ANIMALS]

D. How many times has he done that? ___ ___ ___ ___ ___ ___ TIMES

IF DK ASK E.

E. 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.....

F. How old was he the first time it happened? ___ ___ ___ ___ ___ ___ YEARS

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

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

IF OVER A YEAR AGO, ASK:

H. How old was he the last time it happened? ___ ___ ___ ___ ___ ___ YEARS

CD3RA9 E12. Has he ever forced anyone to do sexual things with him?

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

RECORD WHATEVER R VOLUNTEERS:

[HAS FORCED SOMEONE INTO SEXUAL ACTIVITY WITH HIM OR HER]

FIRST CHILD SECOND CHILD THIRD CHILD

CD3RA11 E13A. Has he ever gotten into physical fights with other people?

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

CD3RA11 B. How many times has he started these fights with other people? ___ ___ ___ ___ ___ ___ TIMES

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

[OFTEN INITIATES PHYSICAL FIGHTS]

C. Was it...

NEVER.....0.....0.....0
 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

IF C=0 SKIP TO Q.E14A.

D. How old was he the first time he started a fight? ___ ___ ___ ___ ___ ___ YEARS

E. When was the last time he started a fight?

Was it...

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

IF OVER A YEAR AGO, ASK:

F. How old was he the last time? ___ ___ ___ ___ ___ ___ YEARS

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
E14A. Regardless of who started the fight, has he ever used other things besides his hands like sticks, rocks, or sharp objects when he's been fighting? (Did he ever use a knife or a gun?)			
NO..(SKIP TO E15A).....	1.....	1.....	1.....
YES..(SPECIFY).....	5.....	5.....	5.....

RECORD: _____

CD3RA10 B. How many times has he used other things besides his hands in a fight? — — — — — — TIMES

IF DK ASK C.

C. 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.....

[USED A WEAPON IN MORE THAN ONE FIGHT]

D. How old was he the first time he used something besides his hands in a fight? — — — — — — YEARS

E. When was the last time he got into a fight and used something besides his hands?

Was it...

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

IF OVER A YEAR AGO, ASK:

F. How old was he the last time? — — — — — — YEARS

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

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

[HAS STOLEN WITH CONFRONTATION OF A VICTIM]

	<u>FIRST</u> <u>CHILD</u>	<u>SECOND</u> <u>CHILD</u>	<u>THIRD</u> <u>CHILD</u>	
E15B. How many times has he done something like that?	_ _	_ _	_ _	TIMES

IF DK ASK C.

C. 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

D. How old was he when he first mugged someone?	_ _	_ _	_ _	YEARS
---	-----	-----	-----	-------

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

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

IF OVER A YEAR AGO, ASK:

F. How old was he the last time?	_ _	_ _	_ _	YEARS
----------------------------------	-----	-----	-----	-------

E16A. Other than when fighting, has he done anything on purpose to hurt another person or to cause them physical pain?

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

NO. (SKIP TO E17A).....	1.....	1.....	1
YES. (SPECIFY).....	5.....	5.....	5

B. What did he actually do?

RECORD: _____

CD3RA13

C.

**NOTE TO INTERVIEWER:
THE HARMING HAS TO BE AND CRUEL
WAS THE HARMING AND CRUEL?**

NO... (SKIP TO E17A).....	1.....	1.....	1
YES.....	5.....	5.....	5

[HAS BEEN PHYSICALLY CRUEL TO PEOPLE]

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>	
E16D. How many times has he hurt another person on purpose?	_ _	_ _	_ _	TIMES

IF DK ASK E.

E. 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.....

F. How old was he the first time he hurt another person on purpose? _ _ _ _ _ _ YEARS

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

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

IF OVER A YEAR AGO, ASK:

H. How old was he the last time? _ _ _ _ _ _ YEARS

E17A. Has he ever been in trouble with the police?

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

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

RECORD: _____

B. Has he ever appeared in juvenile court?

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

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

RECORD: _____

IF NO TO BOTH E17A & E17B, SKIP TO BOX AFTER E17G. OTHERS CONTINUE.

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>	
E17C. How many times has he been in trouble with the police or appeared in juvenile court?	_ _	_ _	_ _	TIMES

DO NOT COUNT MULTIPLE APPEARANCES FOR THE SAME INCIDENT.

IF DK ASK D.

D. 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.....

E. How old was he the first time he got in trouble with the police and/or appeared in juvenile court?	_ _	_ _	_ _	YEARS
---	-----	-----	-----	-------

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

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

IF OVER A YEAR AGO, ASK:

G. How old was he the last time?	_ _	_ _	_ _	YEARS
----------------------------------	-----	-----	-----	-------

CHECK TALLY SHEET E.
IF NO POSITIVES, SKIP TO ALCOHOL SECTION, Q.F1, P.38.
IF ONLY ONE POSITIVE, SKIP TO Q.E18B.
IF TWO OR MORE POSITIVES, CONTINUE.

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

CD3RA E18A.

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

[SYMPTOMS OCCURRED AT THE SAME TIME]

CD3RA B.

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

RECORD: _____

[SYMPTOMS LASTED AT LEAST 6 MONTHS]

F: ALCOHOL

CODE SECTION AND USE TALLY SHEET F.

I just want to remind you that everything you tell me is confidential, and I won't discuss your answers with anyone else. Please answer the questions as best as you can.

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
F1. Has your child ever taken a drink of beer, wine, wine coolers, hard liquor (like gin, scotch or vodka) or any other kind of drink with alcohol in it?			
NO.....	1.....	1.....	1.....
YES..(SKIP TO F3A).....	5.....	5.....	5.....

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

F2. So he's never had <u>even one drink</u> of alcohol?			
NEVER HAD A DRINK....			
(SKIP TO G1A, P.57).....	1.....	1.....	1.....
HAD A DRINK.....	5.....	5.....	5.....

F3A. How old was he when he had his very first drink?	_ _	_ _	_ _	YEARS
B. When was the last time he had a drink?				
WITHIN THE PAST TWO WEEKS.....	1.....	1.....	1.....	
WITHIN THE PAST MONTH.....	2.....	2.....	2.....	
WITHIN THE PAST SIX MONTHS.....	3.....	3.....	3.....	
WITHIN THE PAST YEAR.....	4.....	4.....	4.....	
OVER A YEAR AGO.....	5.....	5.....	5.....	
C. How old was he then?	_ _	_ _	_ _	YEARS

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

CODE IN COL.A

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

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

CODE IN COL.B

	<u>FIRST CHILD</u>		<u>SECOND CHILD</u>		<u>THIRD CHILD</u>			
	<u>COL A</u>	<u>COL B</u>	<u>COL A</u>	<u>COL B</u>	<u>COL A</u>	<u>COL B</u>		
	NO YES	NO YES	NO YES	NO YES	NO YES	NO YES		
1. flush or blush--that is, when his face and hands felt hot and his face turned red?.....	1	5	1	5	1	5	1	5
2. break out into hives?...	1	5	1	5	1	5	1	5
3. feel very sleepy?.....	1	5	1	5	1	5	1	5
4. feel sick to his stomach?.....	1	5	1	5	1	5	1	5
5. have headaches, or head pounding or throbbing?..	1	5	1	5	1	5	1	5
6. feel his heart beating hard inside his chest?.	1	5	1	5	1	5	1	5

C. How many drinks of alcohol has he had?

— — — — —
— — — — —
— — — — —
 DRINKS DRINKS DRINKS

IF DK, ASK D.
 98 = 98+

IF F4C=6 OR LESS, SKIP TO G1A.
 IF F4C=7 OR MORE, SKIP TO F5A.
 IF F4C=-01, ASK F5A-B, THEN SKIP TO G1A

D. Was it...

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

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
6 OR LESS?. (SKIP TO G1A).....	0	0	0
7 OR MORE?.....	1	1	1
11 OR MORE?.....	2	2	2
20 OR MORE?.....	3	3	3
40 OR MORE?.....	4	4	4

FIRST CHILD SECOND CHILD THIRD CHILD

F5A. Has he ever gotten drunk (i.e., he couldn't talk clearly and it was hard to keep his balance)?

NO..(SKIP TO F6).....1.....1.....1
YES.....5.....5.....5

B. How old was he the very first time he got drunk (i.e. he couldn't talk clearly and it was hard to keep his balance)? ___ ___ ___ ___ ___ ___ YEARS

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

A. Has there ever been a time when he drank once or twice a week for at least 2 months?

(PROBE: MAYBE EVERY WEEKEND?)

NO..(SKIP TO F7A).....1.....1.....1
YES.....5.....5.....5

B. How old was he when he first started drinking once or twice a week for at least 2 months? ___ ___ ___ ___ ___ ___ YEARS

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

C. When was the last time he drank once or twice a week for at least 2 months?

Was it...

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

IF OVER A YEAR AGO, ASK:

D. How old was he then? ___ ___ ___ ___ ___ ___ YEARS

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>	
F7A. Was there ever a time when he drank every day or nearly every day for two weeks?				
	NO..(SKIP TO F8A).....1.....	1.....	1.....	1
	YES.....	5.....	5.....	5
B. How many drinks would he have in one day?	_ _	_ _	_ _	DRINKS
C. When he drank this much was he able to do things as well as when he had not been drinking?				
	NO.....	1.....	1.....	1
	YES.....	5.....	5.....	5
D. How old was he when he first started to drink every day or nearly every day for 2 weeks?	_ _	_ _	_ _	YEARS
E. When was the last time he drank every day or nearly every day for 2 weeks?				
Was it...				
	WITHIN THE PAST TWO WEEKS.....	1.....	1.....	1
	WITHIN THE PAST MONTH.....	2.....	2.....	2
	WITHIN THE PAST SIX MONTHS.....	3.....	3.....	3
	WITHIN THE PAST YEAR.....	4.....	4.....	4
	OVER A YEAR AGO.....	5.....	5.....	5
| IF OVER A YEAR AGO, ASK: |				
F. How old was he the last time he was drinking every day, or nearly every day for 2 weeks?	_ _	_ _	_ _	YEARS

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
F8A. Let's talk about last week. Did he have anything to drink with alcohol in it during last week?			

NO..(SKIP TO BOX BEFORE F9A).....	1.....	1.....	1.....
YES.....	5.....	5.....	5.....

B. I'd like to know the number of alcoholic drinks he's had each day in the past week, and how long it took him to drink them.

Today is _____. Let's begin with yesterday.

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

| CODE IN COL. I. |

| THEN ASK: |

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

| CODE IN MINUTES IN COL. II. |

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

FIRST CHILD:

	<u>Beer/lite Beer</u>		<u>Coolers</u>		<u>Wine</u>		<u>Liquor</u>		<u>Other</u>	
	I # Dr	II Speed	I # Dr	II Speed	I # Dr	II Speed	I # Dr	II Speed	I # Dr	II Speed
M	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Tu	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
W	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Th	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
F	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Sa	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Su	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

SECOND CHILD:

	<u>Beer/lite Beer</u>		<u>Coolers</u>		<u>Wine</u>		<u>Liquor</u>		<u>Other</u>	
	I	II	I	II	I	II	I	II	I	II
	# Dr	Speed	# Dr	Speed	# Dr	Speed	# Dr	Speed	# Dr	Speed
M	___	___	___	___	___	___	___	___	___	___
Tu	___	___	___	___	___	___	___	___	___	___
W	___	___	___	___	___	___	___	___	___	___
Th	___	___	___	___	___	___	___	___	___	___
F	___	___	___	___	___	___	___	___	___	___
Sa	___	___	___	___	___	___	___	___	___	___
Su	___	___	___	___	___	___	___	___	___	___

THIRD CHILD:

	<u>Beer/lite Beer</u>		<u>Coolers</u>		<u>Wine</u>		<u>Liquor</u>		<u>Other</u>	
	I	II	I	II	I	II	I	II	I	II
	# Dr	Speed	# Dr	Speed	# Dr	Speed	# Dr	Speed	# Dr	Speed
M	___	___	___	___	___	___	___	___	___	___
Tu	___	___	___	___	___	___	___	___	___	___
W	___	___	___	___	___	___	___	___	___	___
Th	___	___	___	___	___	___	___	___	___	___
F	___	___	___	___	___	___	___	___	___	___
Sa	___	___	___	___	___	___	___	___	___	___
Su	___	___	___	___	___	___	___	___	___	___

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

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
F9A. Would you say that his (drinking/not drinking) in the last week was about the same way as he's been drinking since (6 months ago) (REFER TO TIME MARKER).	NO.....1.....	1.....1.....	1.....1.....
	YES.....5.....	5.....5.....	5.....5.....

B. I'd like to know the number of drinks containing alcohol that he usually has in a week when he has been drinking. Pick a week during the past 6 months (REPEAT TIME MARKER) that was typical of the way he drinks. Let's start on the weekend. On a typical Friday night, how many (beers, coolers, etc.) would he have?

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

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

CODE IN COL. I.

THEN ASK:

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

CODE IN MINUTES IN COL. II.

F9B. (Cont.)

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

FIRST CHILD:

	<u>Beer/lite Beer</u>		<u>Coolers</u>		<u>Wine</u>		<u>Liquor</u>		<u>Other</u>	
	I # Dr	II Speed	I # Dr	II Speed	I # Dr	II Speed	I # Dr	II Speed	I # Dr	II Speed
F	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Sa	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Su	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
M	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Tu	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
W	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Th	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

SECOND CHILD:

F	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Sa	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Su	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
M	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Tu	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
W	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Th	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

THIRD CHILD:

F	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Sa	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Su	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
M	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Tu	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
W	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Th	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
F10A. Have his friends or others told him they thought he was drinking too much?			

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

B. When he's been drinking, have there been times when he's gotten really angry at someone?

(PROBE: SHOUTED OR YELLED AT THEM?)

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

C. Has he gotten into fights with other people when he was drinking?

(PROBE: SHOVED OR HIT THEM?)

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

D. Have people ever stopped being friends with him because of his drinking?

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

E. Have there been times when he stayed away from everyone and just drank on his own?

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

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

F. Did he think that drinking had anything to do with problems like (NAME POSITIVES IN QS. E10A-E)?

AD3RA6

NO..(SKIP TO F11).....	1.....	1.....	1.....
YES.....	5.....	5.....	5.....

G. Did any of these things like (NAME POSITIVES IN E10A-E) happen 3 or more times?

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

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

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

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
F11. Have there been times when all of his friends were kids who drank a lot?			
	NO.....1.....	1.....	1.....
	YES.....5.....	5.....	5.....

F12. Has <u>he</u> ever thought that maybe he was drinking too much?			
	NO.....1.....	1.....	1.....
	YES.....5.....	5.....	5.....

F13. When he was drinking alcohol, did any of the following things happen to him?			
A. Were there times when he felt really depressed or not interested in things for more than a day (24 hours)?			
	NO.....1.....	1.....	1.....
	YES.....5.....	5.....	5.....
B. Were there times when he had trouble keeping his mind on things or thinking clearly for more than a day (24 hours)?			
	NO.....1.....	1.....	1.....
	YES.....5.....	5.....	5.....
C. Were there times when he saw or heard things that weren't really there for more than a day (24 hours)?			
	NO..(SKIP TO F14A).....1.....	1.....	1.....
	YES.....5.....	5.....	5.....

AD3RA6

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

D. Did he think that drinking had anything to do with problems like (NAME POSITIVES IN QS.F13A-C)?			
	NO..(SKIP TO F14A).....1.....	1.....	1.....
	YES.....5.....	5.....	5.....
E. Did he continue to drink anyway?			
	NO.....1.....	1.....	1.....
	YES.....5.....	5.....	5.....

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

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

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
F14A. Were there times when he drank even though he knew that he had a sickness or problem with his health that might be made worse by drinking?			
NO..(SKIP TO F14C).....	1.....	1.....	1
YES..(SPECIFY).....	5.....	5.....	5

RECORD: _____

AD3RA6 B. Did this happen 3 or more times?

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

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

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

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

RECORD DRUGS: _____

AD3RA4 D. Did this happen 3 or more times?

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

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

F15A. Has he ever missed any school or work because he had been drinking and it made him too sick to go? Or has he ever been unable to do his chores at home because of drinking?

(EXAMPLE: Has HE MISSED PLAYING IN A GAME OR SOME OTHER ACTIVITY BECAUSE DRINKING MADE HIM TOO SICK?)

NO..(SKIP TO F16).....	1.....	1.....	1
YES.....	5.....	5.....	5

AD3RA4 B. Has that happened 3 or more times?

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

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

AD3RA4 F16. When he was drinking did his grades go down?

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

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

<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
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F17A. Has he ever been drunk all day for a couple of days or more without sobering up?

NO..(SKIP TO F18).....	1.....	1.....	1.....
YES.....	5.....	5.....	5.....

B. Has that happened 3 or more times?

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

AD3RA5 F18. Has he ever quit an after school activity, lost a job, or given up a job, or stopped doing things with his friends because of drinking?

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

AD3RA7 F19A. Has he ever needed to drink a lot more alcohol than he used to in order to feel high or get drunk? For example, did he use to drink 2 beers to feel high, but now he need to drink 3 beers to feel the same way?

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

B. Has he ever found that he couldn't get high when he drank the same amount he used to?

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

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
F20A. Has he often wanted to cut back on how much he usually drinks?			
	NO...(SKIP TO F20C).....1.....	1.....	1.....
	YES.....5.....	5.....	5.....

IF NO TO Q.F20A SKIP TO Q.F20C. OTHERS CONTINUE.

AD3RA2	B. Has that happened 3 or more times?			
		NO.....1.....	1.....	1.....
		YES.....5.....	5.....	5.....
	C. Has he ever tried to drink less than usual and couldn't do it?			
		NO.....1.....	1.....	1.....
		YES.....5.....	5.....	5.....

F21A. Did he ever drink more than he really wanted to?			
	(PROBE: DID HE JUST FIND HIMSELF DRINKING MORE AND MORE WITHOUT REALLY MEANING TO?)		
		NO...(SKIP TO F22A).....1.....	1.....
		YES.....5.....	5.....

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

[SUBSTANCE TAKEN IN LARGER AMOUNTS THAN THE PERSON INTENDED]

F22A. Did he ever start drinking one or two drinks and then ended up drinking for a longer time than he really wanted to -- say -- all day or all night?			
	(PROBE: DID HE MEAN TO STOP AFTER AWHILE BUT HE FORGOT AND KEPT ON DRINKING?)		
		NO...(SKIP TO F23A).....1.....	1.....
		YES.....5.....	5.....

AD3RA1	B. Did this happen 3 or more times?			
		NO.....1.....	1.....	1.....
		YES.....5.....	5.....	5.....

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

<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
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F23A. Has he ever needed to take a drink
before going out -- say to a party, or
going to drink with his friends?

NO..(SKIP TO F24).....	1.....	1.....	1
YES.....	5.....	5.....	5

B. Has he done that 3 or more times?

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

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

AD3RA8 After he's stopped drinking for awhile or cut down on drinking, has he ever had any of the following problems?

[CHARACTERISTIC WITHDRAWAL SYMPTOMS]

CODE IN COLUMN I.

IF COLUMN I CODED 5, ASK:

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

[SUBSTANCE OFTEN TAKEN TO RELIEVE OR AVOID WITHDRAWAL SYMPTOMS]

CODE IN COLUMN II.

	FIRST CHILD		SECOND CHILD		THIRD CHILD	
	COL I NO YES	COL II NO YES	COL I NO YES	COL II NO YES	COL I NO YES	COL II NO YES
A. Did he ever have the shakes (his hands trembled and it was hard to hold anything without dropping it)?	1 5	1 5	1 5	1 5	1 5	1 5
B. Did he have trouble sleeping?	1 5	1 5	1 5	1 5	1 5	1 5
C. Did he feel worried or depressed?	1 5	1 5	1 5	1 5	1 5	1 5
D. Did he begin to sweat?	1 5	1 5	1 5	1 5	1 5	1 5
E. Did his heart beat faster?	1 5	1 5	1 5	1 5	1 5	1 5
F. Did he see or hear things that weren't really there?	1 5	1 5	1 5	1 5	1 5	1 5
G. Did he feel sick to his stomach or did he throw up?	1 5	1 5	1 5	1 5	1 5	1 5
H. Did his body feel weak?	1 5	1 5	1 5	1 5	1 5	1 5
I. Did he have headaches?	1 5	1 5	1 5	1 5	1 5	1 5
J. Did anything else happen to him?	1 5	1 5	1 5	1 5	1 5	1 5

RECORD: _____

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

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

INTERVIEWER: CHECK ALL THAT APPLY.

1ST CHILD 2ND CHILD 3RD CHILD

- shakes
trouble sleeping
worried or depressed
begin to sweat
heart beat faster
see or hear things
sick to his stomach
body feel weak
headaches

FIRST CHILD SECOND CHILD THIRD CHILD

B.

INTERVIEWER: IF SHAKES PLUS ANY OTHER TROUBLE ARE CHECKED, CODE 5 IN THE SPACE TO THE RIGHT. OTHERWISE, CODE 1. NO...1 YES..5

F26A. When he's been high from drinking has he ever done anything that might get him hurt, like riding his bike or skateboard, driving a car, climbing on something, crossing against traffic, or swimming?

NO..(SKIP TO F27A).....1.....1.....1
YES.....5.....5.....5

AD3RA4

B. Has that happened 3 or more times?

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

[FREQUENT INTOXICATION WHEN SUBSTANCE USE IS PHYSICALLY HAZARDOUS]

F27A. Has he ever accidentally been seriously hurt when he was drinking, for example, did he have a bad fall, burn himself, or get hurt in a traffic accident?

NO..(SKIP TO F28).....1.....1.....1
YES.....5.....5.....5

AD3RA4

B. Has that happened 3 or more times?

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

[FREQUENT INTOXICATION WHEN SUBSTANCE USE IS PHYSICALLY HAZARDOUS]

<u>FIRST</u> <u>CHILD</u>	<u>SECOND</u> <u>CHILD</u>	<u>THIRD</u> <u>CHILD</u>
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AD3RA3 F28. Has he spent a lot of time getting alcohol, drinking alcohol, or trying to feel better from drinking alcohol?

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

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

| IF NO SYMPTOMS CHECKED ON TALLY SHEET F, SKIP TO CIGARETTE SMOKING, Q.G1A, P.57. |

F29A. How old was he the first time that he had any of these things like (NAME POSITIVE SYMPTOMS ON TALLY SHEET F) happen to him? _____ YEARS

B. When was the last time he had any of these problems?

Was it...

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

| IF OVER A YEAR AGO, ASK: |

C. How old was he the last time he had any of these problems? _____ YEARS

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

<u>FIRST</u> <u>CHILD</u>	<u>SECOND</u> <u>CHILD</u>	<u>THIRD</u> <u>CHILD</u>
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F30A.

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

[SYMPTOMS OCCURRED AT THE SAME TIME]

AD3RB

B.

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

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

F31. Has he ever brought up the subject of his drinking with a doctor or counselor?

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

F32A. Has he ever been in treatment for drinking?

NO.(SKIP TO G1A).....	1.....	1.....	1.....
YES...(SPECIFY).....	5.....	5.....	5.....

IF NO, SKIP TO <u>CIGARETTE SMOKING</u> , Q.G1A, P.57.
IF YES, ASK WHAT KIND OF TREATMENT, RECORD, AND CONTINUE.

RECORD: _____

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

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

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
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F32C. How long was he in the hospital?	— —	— —	— —	WEEKS
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NOTE TO INTERVIEWER: IF RESPONDENT HAS BEEN TREATED MORE THAN ONCE, CODE LONGEST PERIOD OF TREATMENT.

D. How old was he then?	— —	— —	— —	YEARS
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IF Q.F32B = 1, SKIP TO CIGARETTE SMOKING, Q.G1A, P.57. IF Q.F32B=3, CONTINUE.

E. How long did he get treatment outside of the hospital?	— —	— —	— —	WEEKS
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NOTE TO INTERVIEWER: IF RESPONDENT HAS BEEN TREATED MORE THAN ONCE, CODE LONGEST PERIOD OF TREATMENT.

F. How old was he then?	— —	— —	— —	YEARS
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G: CIGARETTE SMOKING

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
G1A. Has your child ever smoked cigarettes?			
NO.....	1.....	1.....	1.....
YES.....	5.....	5.....	5.....
B. Has he ever chewed tobacco or used snuff?			
NO.....	1.....	1.....	1.....
YES.....	5.....	5.....	5.....

IF NO TO BOTH G1A AND B, SKIP TO <u>MARIJUANA</u>, Q.H1A. P.58. IF YES TO EITHER CONTINUE.

G2. Has he ever (NAME POSITIVES IN G1A-B) every day, or nearly every day for a month or more?

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

G3A. How old was he when he first started (NAME POSITIVES IN G1A-B)? YEARS

B. When was the last time?

Was it...

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

IF OVER A YEAR AGO, ASK:

C. How old was he then? YEARS

H: MARIJUANA

CODE SECTION AND USE TALLY SHEET H.

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
H1A. Has he ever used marijuana or hashish?			
NO..(SKIP TO I1A).....	1.....	1.....	1.....
YES.....	5.....	5.....	5.....
B. How old was he when he first used marijuana?	_ _	_ _	_ _ YEARS
C. When was the last time he used it?			
Was it...			
WITHIN THE PAST TWO WEEKS.....	1.....	1.....	1.....
WITHIN THE PAST MONTH.....	2.....	2.....	2.....
WITHIN THE PAST SIX MONTHS.....	3.....	3.....	3.....
WITHIN THE PAST YEAR.....	4.....	4.....	4.....
OVER A YEAR AGO.....	5.....	5.....	5.....

IF OVER A YEAR AGO, ASK:

D. How old was he the last time he used marijuana?	_ _	_ _	_ _ YEARS
E. How many times has he used marijuana?	_ _ _ _	_ _ _ _	_ _ _ _ TIMES

IF H1E=6 OR LESS, GO TO I1A.
IF H1E=7 OR MORE GO TO H2A.

IF DK, ASK F.

F. Has he used marijuana...

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

6 OR LESS TIMES. (SKIP TO I1A).....	0.....	0.....	0.....
7 OR MORE TIMES?.....	1.....	1.....	1.....
11 OR MORE TIMES?.....	2.....	2.....	2.....
20 OR MORE TIMES?.....	3.....	3.....	3.....
40 OR MORE TIMES?.....	4.....	4.....	4.....

H2A. Has he used marijuana at least once or twice a week for 2 months or more? (FOR EXAMPLE, ON THE WEEKENDS)			
NO..(SKIP TO H3A).....	1.....	1.....	1.....
YES.....	5.....	5.....	5.....
B. How long did he use marijuana once or twice a week for 2 months or more?	_ _	_ _	_ _ WEEKS

<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
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H3A. Has he ever used marijuana every day or almost every day for as long as 2 weeks or more?

NO..(SKIP TO H4).....	1.....	1.....	1.....
YES.....	5.....	5.....	5.....

B. When he used marijuana every day or almost every day was he still able to do things as well as when he had not been using marijuana?

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

C. What is the longest period of time that he's used marijuana every day or almost every day?

_ _ _ WEEKS

98 = 98 + WEEKS |

DD3RA7

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

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

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

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

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

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

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

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

DD3RA1 H6A. Has he ever had the experience of using more marijuana than he intended to?

(PROBE: HE DIDN'T REALIZE HOW MUCH HE WAS USING, OR HE JUST LOST CONTROL AND ENDED UP USING A LOT MORE THAN HE MEANT TO USE?)

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

[SUBSTANCE TAKEN IN LARGER AMOUNTS THAN THE PERSON INTENDED]

B. Has that happened 3 or more times?

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

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

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

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

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

B. Did this happen 3 or more times?

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

H8A. Has he often wanted to use less marijuana?

NO..(GO TO C).....	1.....	1.....	1
YES.(GO TO B).....	5.....	5.....	5

B. Has that happened 3 or more times?

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

IF NO TO H8A, SKIP TO H8C

DD3RA2 C. Has he often tried to use less marijuana and couldn't do it?

NO.(GO TO C).....	1.....	1.....	1
YES.(GO TO C).....	5.....	5.....	5

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

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
DD3RA5	H9A. Has he ever dropped any of his after school activities, or stopped doing things with his friends because of using marijuana?			
	NO.....	1.....	1.....	1.....
	YES.....	5.....	5.....	5.....
	B. Has he ever lost a job or given up a job because of using marijuana?			
	NO.....	1.....	1.....	1.....
	YES.....	5.....	5.....	5.....

H10A. Has he been criticized a lot for using marijuana?

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

	NO.....	1.....	1.....	1.....
	YES.....	5.....	5.....	5.....
	B. Have his friends told him that they thought he used marijuana too much?			
	NO.....	1.....	1.....	1.....
	YES.....	5.....	5.....	5.....
	C. Have there been times when he found that he was staying away from everyone and just using marijuana on his own?			
	NO.....	1.....	1.....	1.....
	YES.....	5.....	5.....	5.....

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

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

DD3RA6	E. Did any of these things like (NAME POSITIVES IN H10A-C) happen 3 or more times?			
	NO.....	1.....	1.....	1.....
	YES.....	5.....	5.....	5.....

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

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

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
H11. Have there been times when he found that all his friends were other kids who used marijuana?			
	NO.....	1.....	1.....
	YES.....	5.....	5.....

H12. When he was using marijuana, did any of the following things ever happen to him:			
A. Were there times when he felt really depressed or not interested in things for more than a day (24 hours)?			
	NO.....	1.....	1.....
	YES.....	5.....	5.....

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

ONLY RECORD BIZARRE DELUSIONS, NOT IF IT REALLY HAPPENS.

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

C. Were there times when he had trouble concentrating, or trouble thinking clearly for more than a day (24 hours)?			
	NO.....	1.....	1.....
	YES.....	5.....	5.....

D. Were there times when he saw or heard things that weren't there for more than a day (24 hours)?			
	NO.....	1.....	1.....
	YES.(SKIP TO H13A).....	5.....	5.....

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

DD3RA6

E. Did he realize that marijuana was causing him problems like (NAME POSITIVES IN QS.H11A-D)?			
	NO..(SKIP TO H13A).....	1.....	1.....
	YES.....	5.....	5.....

	<u>FIRST</u> <u>CHILD</u>	<u>SECOND</u> <u>CHILD</u>	<u>THIRD</u> <u>CHILD</u>
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H12F. Did he continue using marijuana anyway?	NO.....	1.....	1.....	1
	YES.....	5.....	5.....	5

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

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

H13A. Were there times when he used marijuana even though he knew that he had a physical illness that he knew might be made worse by using marijuana?	NO..(SKIP TO H14A).....	1.....	1.....	1
	YES.....	5.....	5.....	5

DD3RA6	B. Did this happen 3 or more times?	NO.....	1.....	1.....	1
		YES.....	5.....	5.....	5

H14A. Has he ever missed part of a day or a whole day of school or work because he had used marijuana and he was too sick to go? Or has he ever been unable to do his chores at home because of using marijuana?	NO..(SKIP TO H15).....	1.....	1.....	1
	YES.....	5.....	5.....	5

DD3RA4	B. Has that happened 3 or more times?	NO.....	1.....	1.....	1
		YES.....	5.....	5.....	5

DD3RA4	H15. When he was using marijuana did his grades go down?	NO.....	1.....	1.....	1
		YES.....	5.....	5.....	5

<u>FIRST</u> <u>CHILD</u>	<u>SECOND</u> <u>CHILD</u>	<u>THIRD</u> <u>CHILD</u>
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H16A. When he's been high from using marijuana, has he ever done anything that might have gotten him hurt, for example like riding his bike or driving a car, or do anything else that could be dangerous, like climbing on something, crossing against traffic?

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

DD3RA4 B. Has that happened 3 or more times?

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

H17A. Has he ever accidentally gotten seriously hurt when he was using marijuana, like did he have a bad fall, burn himself, or get hurt in a traffic accident?

NO..(SKIP TO H18).....	1.....	1.....	1
YES.....	5.....	5.....	5

DD3RA4 B. Has that happened 3 or more times?

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

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

CODE IN COLUMN I

IF COLUMN I CODED 5, ASK:

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

CODE IN COLUMN II.

	<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	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES
A. Feel nervous, tense, or restless, or irritable?..	1	5	1	5	1	5	1	5	1	5	1	5
B. Have trouble sleeping?..	1	5	1	5	1	5	1	5	1	5	1	5
C. Tremble or twitch?.....	1	5	1	5	1	5	1	5	1	5	1	5
D. Sweat or have a fever?..	1	5	1	5	1	5	1	5	1	5	1	5
E. Feel sick to his stomach or throw up?.....	1	5	1	5	1	5	1	5	1	5	1	5
F. Have diarrhea or stomach ache?.....	1	5	1	5	1	5	1	5	1	5	1	5
G. Have a change in his appetite, i.e., got hungrier or lost his appetite?.....	1	5	1	5	1	5	1	5	1	5	1	5

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

H19A. Has he ever had two or more of these problems like (LIST POSITIVES IN QS.H18A-G, COL. I) at the same time?

Which ones?

INTERVIEWER: CHECK ALL THAT APPLY.

<u>1ST CHILD</u>	<u>2ND CHILD</u>	<u>3RD CHILD</u>	
___	___	___	nervous, tense...
___	___	___	trouble sleeping
___	___	___	tremble or twitch
___	___	___	sweat or have fever
___	___	___	sick to his stomach
___	___	___	diarrhea or stomach ache
___	___	___	change in his appetite

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

B.

INTERVIEWER: ARE THERE TWO OR MORE SYMPTOMS CHECKED?	NO..1 YES.5	NO..1 YES.5	NO..1 YES.5
---	------------------------	------------------------	------------------------

DD3RA3 H20. Has he ever felt that he spent a lot of time getting marijuana, using marijuana, or trying to feel better from using marijuana?

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

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

IF NO SYMPTOMS CHECKED ON TALLY SHEET H,
SKIP TO STREET DRUGS, Q.I1, P.68.

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

FIRST CHILD SECOND CHILD THIRD CHILD

— — — — YEARS

B. When was the last time he had any of these problems?

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

Was it...

IF OVER A YEAR AGO, ASK:

C. How old was he the last time he had any of these problems? — — — — YEARS

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

H22A.

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

[SYMPTOMS OCCURRED AT THE SAME TIME]

DD3RB

B.

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

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

I: STREET DRUGS

CODE SECTION AND USE TALLY SHEET I.

NOTE TO INTERVIEWER:
FOR EACH ADDITIONAL CHILD IN THE FAMILY
USE STREET DRUG SUPPLEMENT 1.

	<u>NO</u>	<u>YES</u>
I1. Has your child ever taken any "street drugs" to feel good or high like...		
A. COCAINE (CRACK)?	1	5
B. SPEED (AMPHETAMINE, DEXEDRINE, RITALIN, OR ANYTHING ELSE LIKE THAT)?	1	5
C. OPIATES (HEROIN, DEMEROL, TYLENOL #5, CODEINE, MORPHINE)?	1	5
D. HALLUCINOGENS (LSD, MESCALINE, PEYOTE, DMT, PCP)?	1	5
E. DOWNERS (LIKE SECONAL OR ANY OTHER BARBITURATES OR SLEEPING PILLS OR TRANQUILIZERS)?	1	5
F. OTHER (GLUE, INHALANTS, ETC.)? _____ (GIVE SUBJECT CHANCE TO USE VERNACULAR TERM E.G., "WHITE CROSS")	1	5
I2. Has he taken any other drugs in order to get high that weren't given to him by a doctor? (PROBE: LIKE GETTING VALIUM OR SLEEPING PILLS FROM A FRIEND, OR SWIPING SOME FROM HIS PARENTS' PRESCRIPTION?)	1	5
I3. Has he taken drugs prescribed for him by a doctor in order to get high?	1	5
I4. Has he ever taken medicine he can buy from the shelves at the drug store in order to get high (for example, Dexatrim, cough syrup)?	1	5
RECORD ALL "DRUGS": _____		

IF NO TO QS.I1-4, SKIP TO AFFECTIVE DISORDER, P.79. OTHERS CONTINUE.

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

I5A. How old was he the first time he took (DRUG)?

COC SPD OP HAL DWN OTH
/ _/_ _/_ _/_ _/_ _/_ YEARS

B. When was the last time he took (DRUG)?

Was it...

Table with 6 columns (COC, SPD, OP, HAL, DWN, OTH) and 5 rows of frequency data for different time intervals.

IF OVER A YEAR AGO, ASK:

C. How old was he the last time he took (DRUG)?

COC SPD OP HAL DWN OTH
/ _/_ _/_ _/_ _/_ _/_ YEARS

I6. How many times has he taken (NAME DRUG)?

IF DK, ASK B.

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

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

B. Did he take (NAME DRUG)...

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

	1	2	3	4	5	6
	<u>COC</u>	<u>SPD</u>	<u>OP</u>	<u>HAL</u>	<u>DWN</u>	<u>OTH</u>
6 OR LESS TIMES?	0	0	0	0	0	0
7 OR MORE TIMES?	1	1	1	1	1	1
11 OR MORE TIMES?	2	2	2	2	2	2
20 OR MORE TIMES?	3	3	3	3	3	3
40 OR MORE TIMES?	4	4	4	4	4	4

IF ALL DRUGS USED 6 OR LESS TIMES, SKIP TO MAJOR AFFECTIVE DISORDER, Q.J1, P.79. IF ANY DRUGS USED 7 OR MORE TIMES, CONTINUE FOR THOSE DRUGS.

I7A. Has he ever used _____ (NAME DRUGS) every day or nearly every day for say--two weeks or longer?

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

IF NO SKIP TO Q.I8A. IF YES CONTINUE.

			<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
			<i>COC</i>	<i>SPD</i>	<i>OP</i>	<i>HAL</i>	<i>DWN</i>	<i>OTH</i>
I7B.	When he was using _____(NAME DRUGS) every day or nearly every day, was he still able to do things as well as when he had not been using it?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
DD3RA7	I8A. Has there ever been a time when he found that he was taking more and more _____ (NAME DRUGS) to feel the effect?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
	B. Has he ever found that he couldn't get high when he used the same amount of _____(NAME DRUG) that he used to?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
DD3RA2	I9A. Has he often wanted to use less of _____ (NAME DRUGS)?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
IF NO GO TO C. IF YES GO TO B.								
	B. Has that happened 3 or more times?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
[PERSISTENT DESIRE OR ONE OR MORE UNSUCCESSFUL EFFORTS TO CUT DOWN OR CONTROL SUBSTANCE USE]								
	C. Has he tried to use less of _____ (NAME DRUGS) and found that he couldn't do it?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
DD3RA5	I10. Has he ever quit an after school activity, lost a job or given up a job, or stopped doing things with his friends because of using _____ (NAME DRUGS)?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
DD3RA3	I11. Has he ever felt that he spent a lot of time getting _____ (NAME DRUGS), taking _____ (NAME DRUGS), or trying to feel better after taking _____ (NAME DRUGS)?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5

	1	2	3	4	5	6
	<i>COC</i>	<i>SPD</i>	<i>OP</i>	<i>HAL</i>	<i>DWN</i>	<i>OTH</i>

I12A.	Has he ever had the experience of using more (NAME DRUGS) than he intended?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5

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

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

DD3RA1	B.	Has that happened 3 or more times?	NO	1	1	1	1	1	1
			YES	5	5	5	5	5	5

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

I13A.	Has he ever had the experience of using (NAME DRUGS) for a longer period of time than he intended?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5

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

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

DD3RA1	B.	Did this happen 3 or more times?	NO	1	1	1	1	1	1
			YES	5	5	5	5	5	5

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

I14A.	Has he ever missed part of a day or a whole day of school (or work) because he had used (NAME DRUG) and was too sick to go? Has he ever been unable to do his chores at home because of using _____ (NAME DRUGS)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5

IF NO, SKIP TO Q.I15.
OTHERS CONTINUE.

DD3RA4	B.	Has that happened 3 or more times?	NO	1	1	1	1	1	1
			YES	5	5	5	5	5	5

TO FULFILL MAJOR ROLE OBLIGATIONS AT SCHOOL, HOME OR WORK]

			1	2	3	4	5	6
			<i>COC</i>	<i>SPD</i>	<i>OP</i>	<i>HAL</i>	<i>DWN</i>	<i>OTH</i>
DD3RA4	I15.	Was he was using (NAME DRUGS) so much that his grades started to go down?	NO	1	1	1	1	1
			YES	5	5	5	5	5

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

I16A.	When he's been high from using (NAME DRUGS), has he often done things that might have gotten him hurt; for example, did he ever ride his bike or drive a car, or do anything else that could be dangerous, like climbing on something, crossing against traffic, or swimming?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5

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

DD3RA4	B.	Has that happened 3 or more times?	NO	1	1	1	1	1
			YES	5	5	5	5	5

I17A.	When he was high from using (NAME DRUGS) has he ever accidentally gotten seriously hurt? Did he ever have a bad fall, burn himself, or get hurt in a traffic accident?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5

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

DD3RA4	B.	Has that happened 3 or more times?	NO	1	1	1	1	1
			YES	5	5	5	5	5

		1	2	3	4	5	6
		<i>COC</i>	<i>SPD</i>	<i>OP</i>	<i>HAL</i>	<i>DWN</i>	<i>OTH</i>
I18A.	Has he been criticized a lot for using (NAME DRUGS)?	NO 1	1	1	1	1	1
		YES 5	5	5	5	5	5

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

B.	Have there been times when his friends told him that they thought he used (NAME DRUGS) too much?	NO 1	1	1	1	1	1
		YES 5	5	5	5	5	5

C.	Have there been times when he found that he was staying away from everyone and just using (NAME DRUGS) on his own?	NO 1	1	1	1	1	1
		YES 5	5	5	5	5	5

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

D.	Did he realize that using (NAME DRUGS) was causing him problems like (NAME POSITIVES IN I18A-C)?	NO 1	1	1	1	1	1
		YES 5	5	5	5	5	5

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

DD3RA6	E.	Did any of these things like (NAME POSITIVES IN I18A-C) happen 3 or more times?	NO 1	1	1	1	1	1
			YES 5	5	5	5	5	5

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

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

I19.	Have there been times when he found that all his friends were other people who used (NAME DRUGS)?	NO 1	1	1	1	1	1
		YES 5	5	5	5	5	5

1 2 3 4 5 6
COC SPD OP HAL DWN OTH

I20.	When he was using (NAME DRUGS), did any of the following things ever happen to him:						
A.	Were there times when he felt really depressed or he lost interest in things for more than a day (24 hours)?	NO	1	1	1	1	1
		YES	5	5	5	5	5
B.	Were there times when he felt very suspicious for more than a day (24 hours) after using drugs — like people were doing things behind his back without telling him — that they were leaving him out?	NO	1	1	1	1	1
		YES	5	5	5	5	5

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

C.	Were there times when he had trouble keeping his mind on things, or trouble thinking clearly for more than a day (24 hours)?	NO	1	1	1	1	1
		YES	5	5	5	5	5
D.	Were there times when he saw or heard things that weren't there for more than a day (24 hours)?	NO	1	1	1	1	1
		YES	5	5	5	5	5

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

E.	Did he think that using drugs was causing him problems like (NAME POSITIVES IN I20A-D)?	NO	1	1	1	1	1
		YES	5	5	5	5	5

IF YES CONTINUE. OTHERS SKIP TO Q.I21.

DD3RA6	F.	Did he continue using (NAME DRUGS) anyway?	NO	1	1	1	1	1
			YES	5	5	5	5	5

IF YES, REFER TO 5'S CODED IN H11A-D AND MARK THOSE THAT APPLY ON TALLY SHEET I.

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

DD3RA6	I21.	Were there times when he kept on using drugs even though he knew that he had a physical illness or problem with his health that might be made worse from using drugs?	NO	1	1	1	1	1
			YES	5	5	5	5	5

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

		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
		<u>COC</u>	<u>SPD</u>	<u>OP</u>	<u>HAL</u>	<u>DWN</u>	<u>OTH</u>
A.	Feel sad, or depressed?	NO 1	1	1	1	1	1
		YES 5	5	5	5	5	5
B.	Feel nervous, tense, or restless, or irritable?	NO 1	1	1	1	1	1
		YES 5	5	5	5	5	5
C.	Have trouble sleeping?	NO 1	1	1	1	1	1
		YES 5	5	5	5	5	5
D.	Have a change in his appetite, i.e. got hungrier or lost his appetite?	NO 1	1	1	1	1	1
		YES 5	5	5	5	5	5
E.	Did his hands shake so that it was hard to hold things?	NO 1	1	1	1	1	1
		YES 5	5	5	5	5	5
F.	Sweat or have a fever?	NO 1	1	1	1	1	1
		YES 5	5	5	5	5	5
G.	Feel sick to his stomach or throw up?	NO 1	1	1	1	1	1
		YES 5	5	5	5	5	5
H.	Have diarrhea or stomach ache? . .	NO 1	1	1	1	1	1
		YES 5	5	5	5	5	5
I.	Have his eyes or nose run?	NO		1	1		1
		YES		5	5		5
J.	Have muscle pains?	NO		1	1		1
		YES		5	5		5
K.	Yawning?	NO		1	1		1
		YES		5	5		5
L.	Have seizures?	NO			1	1	1
		YES			5	5	5
M.	Have his heart racing?	NO			1	1	1
		YES			5	5	5
N.	Dizziness?	NO			1	1	1
		YES			5	5	5
O.	Were his pupils dilated or were his eyes extremely sensitive to light?	NO		1	1		
		YES		5	5		
P.	Did he have gooseflesh or goose bumps?	NO		1	1		
		YES		5	5		

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

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

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

I24.	Has he ever had two of more of these problems like (list POSITIVES IN QS.I22A-P) at the same time?	NO 1	1	1	1	1	1
		YES 5	5	5	5	5	5

IF NO SYMPTOMS CHECKED ON TALLY SHEET I, SKIP TO MAJOR AFFECTIVE DISORDER, Q.J1, P.79.

		1	2	3	4	5	6
		<i>COC</i>	<i>SPD</i>	<i>OP</i>	<i>HAL</i>	<i>DWN</i>	<i>OTH</i>
I25A.	How old was he the first time that he had any of these things like (NAME POSITIVE SYMPTOMS ON TALLY SHEET I) happen to him?	___/___	___/___	___/___	___/___	___/___	___/___ YEARS

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

		1	2	3	4	5	6
		<i>COC</i>	<i>SPD</i>	<i>OP</i>	<i>HAL</i>	<i>DWN</i>	<i>OTH</i>
	WITHIN THE PAST TWO WEEKS..	1	1	1	1	1	1
	WITHIN THE PAST MONTH.....	2	2	2	2	2	2
	WITHIN THE PAST SIX MONTHS..	3	3	3	3	3	3
	WITHIN THE PAST YEAR.....	4	4	4	4	4	4
	OVER A YEAR AGO.....	5	5	5	5	5	5

IF OVER A YEAR AGO, ASK:

		1	2	3	4	5	6
		<i>COC</i>	<i>SPD</i>	<i>OP</i>	<i>HAL</i>	<i>DWN</i>	<i>OTH</i>
C.	How old was he the last time he had any of these problems?	___/___	___/___	___/___	___/___	___/___	___/___ YEARS

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

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
I26A.			
<u>NOTE TO INTERVIEWER:</u>			
DO THESE PROBLEMS CLUSTER?	NO....1 YES...5	NO....1 YES...5	NO....1 YES...5
DID MOST OF THEM HAPPEN IN THE SAME GRADE?			
IF CLUSTERING IS NOT CLEAR FROM PARENT'S ANSWERS, PROBE. OTHERWISE CODE WITHOUT ASKING			

[SYMPTOMS OCCURRED AT THE SAME TIME]

DD3RB	B.			
<u>NOTE TO INTERVIEWER:</u>				
	DID THESE PROBLEMS LAST 1 MONTHS OR LONGER?	NO....1 YES...5	NO....1 YES...5	NO....1 YES...5
WHAT GRADE(S) DID THEY HAPPEN IN?				
IF NOT CLEAR FROM INFORMATION OBTAINED SO FAR, PROBE. OTHERWISE CODE WITHOUT ASKING.				

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

J: MAJOR AFFECTIVE DISORDER

STANDARD PROBE

IS/WAS THIS A LOT DIFFERENT FROM THE WAY HE USUALLY FELT?

**NOTE TO INTERVIEWER:
FOR EACH ADDITIONAL CHILD IN THE FAMILY
USE MAJOR AFFECTIVE DISORDER SUPPLEMENT 2.**

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

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

- J2A. During the past two weeks, has he felt sad, unhappy or depressed a lot more than usual? NO.....1
YES.....5
- B. During the past two weeks have there been times when he felt like crying? NO.....1
YES.....5
- C. During the past two weeks has he felt that nothing seemed to be fun anymore (even things that he usually likes to do)? NO.....1
YES.....5
- D. During the past two weeks has he been feeling uninterested in things he usually likes? NO.....1
YES.....5
- E. During the past two weeks, has he been feeling irritable, or angry a lot more than usual? NO.....1
YES.....5

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

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

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

		<u>NO</u>	<u>YES</u>
DEP3RA2	B. DOWN MOOD OR IRRITABILITY..(J2A, B, OR E.).....	1	5
DEP3RA2	C. LOSS OF INTEREST OR PLEASURE..(J2C OR D.).....	1	5

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

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

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

ASK J4 ONLY IF GAVE A YES RESPONSE TO EVER TAKING ALCOHOL OR DRUGS. OTHERS GO TO J5.

DEP3RB1 J4A. Did he feel like this only while he was drinking alcohol or taking drugs? NO.....1 YES.....5

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

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

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

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

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

Table with columns for drug types: COC, SPD, OP, HAL, DWN, OTH. Rows include questions about drug use and frequency.

J5. Was anything happening that might have made him feel that way? NO.....1 YES...(SPECIFY).....5

RECORD: _____

J6. Has there been any other time in his life when he... A. felt sad, unhappy or depressed a lot more than usual? B. felt like crying a lot more than usual? C. felt irritable or angry a lot more than usual? D. felt that nothing seemed to be fun anymore (even the things he usually like to do)? E. was not interested in things he usually liked?

IF NO TO Q.J3 AND QS.J6A-E, SKIP TO SEPARATION ANXIETY, P.91. IF YES TO Q.J3, BUT NO TO ALL QS.J6A-E, SKIP TO Q.J16. IF YES TO ANY J6A-E, CONTINUE.

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

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

IF NO TO Q.J3A AND Q.J7, SKIP TO SEPARATION ANXIETY, Q.K1, P.91.
IF YES TO Q.J3A AND NO TO Q.J7, SKIP TO Q.J16.
IF YES TO Q.J7 CONTINUE.

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

DEP3RA2 B. DOWN MOOD OR IRRITABILITY..(J6A, B, OR C).... NO YES 1 5
DEP3RA2 C. LOSS OF INTEREST OR PLEASURE..(J6D OR E)..... 1 5
*** IF CODED 5 DON'T FORGET TO INCLUDE B AND C IN TOTAL SYMPTOM COUNT.

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

J8. How old was he when this really bad period of feeling depressed began? ___/___ YEARS

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

ASK J10 ONLY IF GAVE A YES RESPONSE TO EVER TAKING ALCOHOL OR DRUGS. OTHERS GO TO J11.

DEP3RB1 J10A. Did he feel like that only while he was drinking alcohol or taking drugs? NO.....1 YES.....5

B. Was he drinking the week before he began to feel this way? NO.....1 YES.....5

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

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

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

F. What drugs did he use? NO YES 1 5 1 5 1 5 1 5 1 5
1 COC 2 SPD 3 OP 4 HAL 5 DWN 6 OTH

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

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

J11. Was there something happening that might have made him feel that way? NO.....1
 YES.....5

RECORD: _____

**IF J10C=3(+) OR J10E IS CODED 5
 CONTINUE. OTHERS GO TO J17.**

DEP3RA1 J12A. Did he have another worst period when he was NO..(SKIP TO J16)...1
 DEP3RA2 feeling (depressed, uninterested, irritable) YES.....5
 DEP3RB1 for most of the day nearly every day, and he
 was not drinking or using drugs?

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

C. Were the things he usually liked to do not NO.....1
 fun or not interesting anymore? YES.....5

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

D. Did he have more than 2 drinks of alcohol or NO.....1
 use any drugs the week before this period? YES.....5

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

J13. How old was he when this period began? ___/___ YEARS

DEP3RA1 J14. How long did it last? ___/___ WEEKS
 DEP3RA2
 DEP3RB1

J15. Was there something happening that might have made he feel that way?

RECORD: _____

J16. CODING EPISODES OF DEPRESSION

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

	<u>Column To Code In</u>	
	<u>Current</u>	<u>Most Severe</u>
If there is a clean episode but no past episode		X
If there is a dirty current episode but no past episode		X
If there is no current episode but a clean past episode		X
If there is no current episode and only a dirty past episode		X
If there is a clean current episode and a different clean most severe episode you must assess sx count to see if current should be recorded as most severe.	X	X
If there is a clean and a dirty most severe episode, record the current episode in the most severe column. Remember to count dirty past episode when probing about other dirty past episodes.		X(current)
If there is a dirty current episode and a clean most severe episode, record each in its respective column.	X	X
If there is a dirty current episode and only a dirty most severe episode, record each in its respective column.	X	X

J17A. Is there an episode to code in Current column?	NO.....1 YES.....5
B. Is there an episode to code in Most Severe column?	NO.....1 YES.....5

		CURRENT EPISODE	MOST SEVERE EPISODE
During the past two weeks... During her worst period when he was (CHECK AGE IN J8/J13) years old... And he was not drinking or taking drugs at that time?			
	J18. How much does/did he weigh?	___/___/___ LBS	___/___/___ LBS
DEP3RA3	J19A. Did he feel a lot less hungry than usual?	NO.....1 YES.....5	NO.....1 YES.....5
	B. Did he lose any weight?	NO..(SKIP TO J20A)..1 YES.....5	NO..(SKIP TO J20A)..1 YES.....5
DEP3RA3	C. How much weight did he lose?	___/___/___ LBS	___/___/___ LBS
DEP3RA3	J20A. Did he feel a lot more hungry than usual?	NO.....1 YES.....5	NO.....1 YES.....5
	B. Did he gain any weight?	NO..(SKIP TO J21A)..1 YES.....5	NO..(SKIP TO J21A)..1 YES.....5
DEP3RA3	C. How much did he gain?	___/___/___ LBS	___/___/___ LBS
DEP3RA4	J21A. Did he have <u>a lot more trouble than usual</u> falling asleep at night?	NO.....1 YES.....5	NO.....1 YES.....5
DEP3RA4	B. Did 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	C. Did he wake up in the morning <u>a lot earlier than usual</u> and couldn't get back to sleep?	NO.....1 YES.....5	NO.....1 YES.....5
<div style="border: 1px solid red; padding: 5px; width: fit-content; margin: 0 auto;"> INTERVIEWER: IN THE CASE OF HYPERSOMNIA, PROBE ABOUT SLEEPING DURING THE DAY AS WELL AS SLEEPING IN LATE OR GOING TO BED EARLY. </div>			
DEP3RA4	D. Did he sleep <u>more</u> than usual? (PROBE: DID HE SLEEP DURING THE DAY OR GO TO BED EARLY AT NIGHT?)	NO.....1 YES.....5	NO.....1 YES.....5

	CURRENT EPISODE	MOST SEVERE EPISODE
<p>During the past two weeks... During his worst period when he was (CHECK AGE IN J8/J13) years old... And he was not drinking or taking drugs at that time?</p>		
<p>DEP3RA5 J22. Did he feel more restless, so restless that other people could have noticed it?</p> <p>(PROBE: DID HE HAVE TO GET UP AND WALK AROUND DURING DINNER, OR WHEN HE WAS WATCHING TV? WAS IT HARD TO SIT STILL IN SCHOOL?)</p>	<p>NO.....1 YES.....5</p>	<p>NO.....1 YES.....5</p>
<p>DEP3RA5 J23. Did he feel physically slowed down, so slowed down that other people could have noticed it?</p> <p>(PROBE: DID IT TAKE HIM LONGER TO MOVE AROUND? WAS HE WALKING SLOWLY? WAS HE TALKING MORE SLOWLY? DID IT SEEM TO YOU THAT HE WAS THINKING MORE SLOWLY?)</p>	<p>NO.....1 YES.....5</p>	<p>NO.....1 YES.....5</p>
<p>DEP3RA6 J24. Did he feel a lot more tired than usual?</p> <p>(PROBE: FOR EXAMPLE, HE DIDN'T HAVE THE ENERGY TO DO ANYTHING. HE JUST SAT AROUND FEELING TIRED.)</p>	<p>NO.....1 YES.....5</p>	<p>NO.....1 YES.....5</p>
<p>DEP3RA7 J25. Did he feel worthless or just that he wasn't any good?</p> <p>(PROBE: DID HE FEEL THAT HE WASN'T GOOD AT ANYTHING, OR THAT HIS FRIENDS DIDN'T REALLY LIKE HIM?)</p>	<p>NO.....1 YES.....5</p>	<p>NO.....1 YES.....5</p>
<p>DEP3RA7 J26. Did he feel that a lot of things were his fault? Did he feel guilty about a lot of things?</p> <p>(PROBE: DID HE FEEL THAT FAMILY PROBLEMS WERE HIS FAULT? DID HE FEEL GUILTY ABOUT PROBLEMS AT SCHOOL OR WITH FRIENDS?)</p>	<p>NO.....1 YES.....5</p>	<p>NO.....1 YES.....5</p>

	CURRENT EPISODE	MOST SEVERE EPISODE
During the past two weeks... During his worst period when he was (CHECK AGE IN J8/J13) years old... And he was not drinking or taking drugs at that time?		
DEP3RA8 J27A. Did he have trouble concentrating <u>a lot</u> more than usual? Did he have trouble paying attention to what he was doing? (PROBE: DID IT SEEM TO YOU THAT HE WAS DAYDREAMING A LOT?) B. Did other people say that he was having trouble keeping his mind on things?	NO.....1 YES.....5	NO.....1 YES.....5
DEP3RA8 J28A. Did he have <u>a lot</u> more trouble than usual making up his mind about things?	NO.....1 YES.....5	NO.....1 YES.....5
DEP3RA8 B. Did other people say that he was having trouble making up his mind?	NO.....1 YES.....5	NO.....1 YES.....5
DEP3RA9 J29A. Were there times when things seemed so bad that he wished he were dead?	NO.....1 YES.....5	NO.....1 YES.....5
DEP3RA9 B. Did he think a lot about death or dying?	NO.....1 YES.....5	NO.....1 YES.....5
DEP3RA9 C. Did he make a plan about how he might kill himself?	NO.....1 YES.....5	NO.....1 YES.....5
DEP3RA9 D. Did he try to kill himself?	NO.....1 YES.....5	NO.....1 YES.....5
<p style="text-align: center;">INTERVIEWER:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>DIAGNOSIS IS BASED ON NUMBER AND CLUSTERING OF SYMPTOMS.</p> </div>	<p>CHECK QS.J3B, J3C, AND BOXES J19-29. IF NUMBER OF BOXES PLUS QS.J3B AND J3C HAVE 4 OR LESS 5'S CODED, SKIP TO Q.J34.</p> <p>IF 5 OR MORE ARE CODED 5, CONTINUE</p>	<p>CHECK QS.J7B, J7C, J12B, J12C, AND BOXES J19-29. IF NUMBER OF BOXES PLUS J7B-C OR J12B-C HAVE 4 OR LESS 5'S CODED, SKIP TO Q.J34.</p> <p>IF 5 OR MORE ARE CODED 5, CONTINUE.</p>

	CURRENT EPISODE	MOST SEVERE EPISODE
<p>During the past two weeks... During his worst period when he was (CHECK AGE IN J8/J13) years old... And he was not drinking or taking drugs at that time?</p> <p>J30A. You've told me that he felt (sad, uninterested, or irritable, etc.) and also had problems with (appetite, sleeping, concentrating, etc.). Did most of these problems happen most of the day, nearly every day?</p> <p>B. Did it last 2 weeks or more?</p>	<p>NO...(SKIP TO J33)..1 YES.....5</p> <p>NO.....1 YES.....5</p>	<p>NO...(SKIP TO J33)..1 YES.....5</p> <p>NO.....1 YES.....5</p>
<p>DEP3RB2 J31A. Did he feel like this <u>only</u> because someone close to him died? (ASK WHO THIS WAS AND WHEN S/HE DIED. PROBE FOR DURATION OF SYMPTOMS DUE TO DEATH.)</p>	<p>NO.....1 YES..(SPECIFY AND SKIP TO J33).....5</p> <p>RECORD: _____ _____ _____</p>	<p>NO.....1 YES..(SPECIFY AND SKIP TO J33).....5</p> <p>RECORD: _____ _____ _____</p>
<p>DEP3RB1 B. Did he feel like this <u>only</u> while he was very sick or injured?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px 0;"> <p>ASK Q.J31C ONLY IF GAVE A YES RESPONSE TO EVER TAKING ALCOHOL OR DRUGS.</p> </div>	<p>NO.....1 YES..(SPECIFY AND SKIP TO J33).....5</p> <p>RECORD: _____ _____ _____</p>	<p>NO.....1 YES..(SPECIFY AND SKIP TO J33).....5</p> <p>RECORD: _____ _____ _____</p>
<p>DEP3RB1 C. Did he feel like this <u>only</u> while he was drinking or taking drugs?</p>	<p>NO.....1 YES...(SKIP TO J33).5</p>	<p>NO.....1 YES...(SKIP TO J33).5</p>
<p>J32 Was there anything going on in his life that made him feel bad or was making him have these problems we've been talking about?</p>	<p>NO.....1 YES...(SPECIFY).....5</p> <p>RECORD: _____ _____ _____</p>	<p>NO.....1 YES...(SPECIFY).....5</p> <p>RECORD: _____ _____ _____</p>

	CURRENT EPISODE	MOST SEVERE EPISODE
<p>During the past two weeks... During his worst period when he was (CHECK AGE IN J8/J13) years old...</p> <p>J33. Did having these feelings change his life a lot?</p> <p>(PROBE: WAS HE SO UNHAPPY THAT IT CHANGED THE WAY HE ACTED IN SCHOOL, HIS GRADES, OR HOW HE GOT ALONG WITH HIS FRIENDS?)</p>	<p>NO.....1 YES...(SPECIFY).....5</p> <p>RECORD: _____ _____ _____ _____</p>	<p>NO.....1 YES...(SPECIFY).....5</p> <p>RECORD: _____ _____ _____ _____</p>
<p>J34A. Did he see a doctor?</p> <p>B. Did the doctor give him any medication?</p> <p>C. How long did he see the doctor?</p> <p>D. Did he have to go to the hospital?</p> <p>E. How long did he stay in the hospital?</p> <p>F. Did they give him any medication while he was in the hospital?</p>	<p>NO..(SKIP TO D...)..1 YES.....5</p> <p>NO.....1 YES...(SPECIFY).....5</p> <p>RECORD: _____ _____ _____</p> <p>___/___/___ DAYS</p> <p>NO.(GO TO BOX BELOW).1 YES...(SPECIFY).....5</p> <p>RECORD: _____ _____ _____</p> <p>___/___/___ DAYS</p> <p>NO.....1 YES...(SPECIFY).....5</p> <p>RECORD: _____ _____ _____</p>	<p>NO..(SKIP TO D)....1 YES.....5</p> <p>NO.....1 YES...(SPECIFY).....5</p> <p>RECORD: _____ _____ _____</p> <p>___/___/___ DAYS</p> <p>NO.(SKIP TO J35A)...1 YES...(SPECIFY).....5</p> <p>RECORD: _____ _____ _____</p> <p>___/___/___ DAYS</p> <p>NO.....1 YES...(SPECIFY).....5</p> <p>RECORD: _____ _____ _____</p>
	<p>GO BACK TO J18 AND ASK ABOUT MOST SEVERE EPISODE.</p>	

DIRTY J35A. Has he had another worst period when he was (sad, uninterested, irritable), and he felt that way only because someone close to him died, he was sick, taking medication, drinking, or using drugs? NO...(SKIP TO J36A).1
YES.....5

B. How old was he when this other period happened? ___/___ YEARS

C. During this time did he:

	<u>NO</u>	<u>YES</u>
1. Feel a lot less hungry?	1	5
2. Feel a lot more hungry?	1	5
3. Have problems sleeping?	1	5
4. Feel more restless?	1	5
5. Feel more slowed down?	1	5
6. Feel more tired?	1	5
7. Feel worthless or guilty?	1	5
8. Have problems concentrating?	1	5
9. Have problems making decisions?	1	5
10. Have thoughts of death or suicide?	1	5

**IF NO TO ALL SKIP TO Q.J36A.
 IF YES TO ANY CONTINUE.**

D. Was he (sad, down, etc.) and had these other problems for at least 2 weeks? 1 5

E. How many times like this has he had? ___/___ TIMES

CLEAN J36A. Has he had another worst period when he was (sad, depressed, etc.) and there was no one close to him who died, he wasn't sick, taking medication, drinking, or using drugs? NO...(SKIP TO K1)...1
 YES.....5

B. How old was he when this other period happened? ___/___ YEARS

C. During this period did he:

	<u>NO</u>	<u>YES</u>
1. Feel a lot less hungry?	1	5
2. Feel a lot more hungry?	1	5
3. Have problems sleeping?	1	5
4. Feel more restless?	1	5
5. Feel more slowed down?	1	5
6. Feel more tired?	1	5
7. Feel worthless or guilty?	1	5
8. Have problems concentrating?	1	5
9. Have problems making decisions?	1	5
10. Have thoughts of death or suicide?	1	5

D. Was he (sad, down, etc.) and had these other problems for at least 2 weeks? 1 5

E. How many times like this has he had? ___/___ TIMES

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

K: ANXIETY DISORDERS:

SEPARATION ANXIETY DISORDERS

Some children 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 is away from you or away from home.

Some of these things may have happened when he was younger. If they're still happening now, please tell me about that too.

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

SADD3RA1 K1. Have there often been times when he was away from you or someone that he cares a lot about, and he was really worried about something bad happening (like they might get sick or get hurt or die)? Perhaps he worried that they might never come back?

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

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
NO.....	1.....	1.....	1
ALC/DRUG ONLY.....	3.....	3.....	3
YES..(SPECIFY).....	5.....	5.....	5

RECORD: _____

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

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

<u>FIRST</u> <u>CHILD</u>	<u>SECOND</u> <u>CHILD</u>	<u>THIRD</u> <u>CHILD</u>
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SADD3RA2 K2. Have there been a lot of times when he really worried that something bad might happen to him (like getting kidnapped or killed), so that he couldn't see his parents again?

NO.....	1.....	1.....	1
ALC/DRUG ONLY.....	3.....	3.....	3
YES..(SPECIFY).....	5.....	5.....	5

RECORD: _____

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

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

SADD3RA3 K3. Have there been times when he refused to leave his parents to go to school (or tried to get you to let him stay home), because he was afraid that something bad might happen? Has this happened a lot?

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

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

SADD3RA4 K4. When he was younger, were there a lot of times when he needed someone like you (or grandparent, etc.) to stay close to him at night so he could get to sleep?

NO.....	1.....	1.....	1
ALC/DRUG ONLY.....	2.....	2.....	2
YES.....	5.....	5.....	5

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

SADD3RA4 K5. Have there been a lot of times when he had chances to visit a friend or sleep over at someone's house and refused to go, because he was afraid to leave home?

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

[PERSISTENT REFUSAL OR RELUCTANCE TO SLEEP AWAY FROM HOME]

IF NO TO QS.K1-5, SKIP TO OVERANXIOUS DISORDER, Q.L1, P.96. OTHERS CONTINUE.

FIRST CHILD SECOND CHILD THIRD CHILD

SADD3RA5 K6. Have there often been times when he's been afraid to be in any part of the house by himself, so afraid that when he was in that part of the house he was always with someone?

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

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

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

SADD3RA9 K7. When he has gone away from home for a few days, like visiting relatives or going to camp, has he often become so upset and worried that he wanted to come home early or see his parents right away?

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

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

SADD3RA9 K8A. When he's gone away from home, has he often needed to call home because he was worried about you or someone else he cared about or that something might be wrong?

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

B. When you have been away from home or out for the evening has he often needed to telephone you because he was worried that something bad might have happened?

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

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

SADD3RA6 K9. Has he often had bad dreams about being away from you, or other people that he loves?

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

[REPEATED NIGHTMARES INVOLVING THE THEME OF SEPARATION]

FIRST CHILD SECOND CHILD THIRD CHILD

SADD3RA7 K10. When he had to leave home to go to school or someplace else, did he often get really bad headaches, stomachaches, or even throw up?

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

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

SADD3RA8 K11A. Has he often cried and begged you to stay home when you planned to go somewhere, because he was afraid something terrible might happen?

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

SADD3RA8 B. Has he often cried and begged you to let him stay home when he had to go to school or someplace else because he was afraid something terrible might happen?

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

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

SADD3RC K12A. How old was he when he started having these feelings that we've been talking about? YEARS

(PROBE: DO YOU REMEMBER WHAT GRADE HE WAS IN?)

SADD3RC B. When was the last time he had any of these feelings we've been talking about?

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

IF OVER A YEAR AGO, ASK:

SADD3RC

C. How old was he the last time he had any of these feelings? YEARS

<p>NOTE TO INTERVIEWER: IF IT IS CLEAR THAT THESE FEELINGS HAVE LASTED 2 WEEKS OR MORE, CODE WITHOUT ASKING.</p>

			<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
SADDP3RB	K13.	Did these feelings _____(NAME 3's AND 5's IN QS.K1-11) last for as long as a couple of weeks?			
		(PROBE: WHAT I MEAN IS, IT DIDN'T JUST HAPPEN ONCE OR TWICE, BUT KEPT HAPPENING OVER A PERIOD OF COUPLE OF WEEKS OR LONGER)			
			NO.....1.....1.....1		
			YES.....5.....5.....5		

L: OVERANXIOUS DISORDER

FIRST CHILD SECOND CHILD THIRD CHILD

L1. Does he worry a lot? More than most people her age?

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

OD3RA1 L2. Has he ever really worried a lot about things before they happened; for example, starting school in the fall, going to a party, or going to see a doctor?

NO.....	1.....	1.....	1.....
ALC/DRUG ONLY.....	3.....	3.....	3.....
YES..(SPECIFY).....	5.....	5.....	5.....

RECORD EXAMPLE: _____

[EXCESSIVE OR UNREALISTIC WORRY ABOUT FUTURE EVENTS]

OD3RA2 L3. Has he really worried a lot about little things that he's done in the past, like something he's said that might have been taken the wrong way?

NO.....	1.....	1.....	1.....
ALC/DRUG ONLY.....	3.....	3.....	3.....
YES..(SPECIFY).....	5.....	5.....	5.....

[EXCESSIVE OR UNREALISTIC CONCERN ABOUT APPROPRIATENESS OF PAST BEHAVIOR]

RECORD EXAMPLE: _____

<p>IF NO TO QS.L2-L3A, SKIP TO <u>SUICIDAL BEHAVIOR</u>, Q.M1A, P.99. OTHERS CONTINUE.</p>

OD3RA3 L4. Have there been times when he was always worried that he wasn't able to do a lot of things as well as he wanted to? That includes school, sports, social life, and other activities.

(PROBE: HAS HE BEEN OVERLY CONCERNED THAT YOU OR TEACHERS WOULD BE DISAPPOINTED WITH HIS GRADES OR HOW HE WAS DOING IN SPORTS?)

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

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

<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
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OD3RA4 L5. Has he actually been sick from worry, that is, he worried so much that his head hurt or his stomach got upset?

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

[SOMATIC COMPLAINTS FOR WHICH NO PHYSICAL BASIS CAN BE ESTABLISHED]

OD3RA5 L6. Has he worried a lot about how he looked, about what he said, or about how he acted in front of his friends?

(PROBE: EVERYONE FEELS THAT WAY A LITTLE BIT, I'M TALKING ABOUT FEELING THAT WAY A LOT, MORE THAN MOST OF HIS FRIENDS.)

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

[MARKED SELF-CONSCIOUSNESS]

OD3RA6 L7. Is he always asking his parents or his teacher to check and see if his work is done correctly, or is he always asking his friends or his parents if they think he's doing the right thing, or wearing the right clothes?

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

[EXCESSIVE NEED FOR REASSURANCE ABOUT A VARIETY OF CONCERNS]

OD3RA7 L8. Does he usually find it very difficult to relax? Does he feel nervous and jumpy a lot of the time?

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

[MARKED FEELINGS OF TENSION OR INABILITY TO RELAX]

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>	
L9A. How old was he when he first started (NAME 3'S AND 5'S IN QS.L2-L8)?	_ _	_ _	_ _	YEARS
B. When was the last time he worried like this?				
Was it...				
WITHIN THE PAST TWO WEEKS.....	1	1	1	
WITHIN THE PAST MONTH.....	2	2	2	
WITHIN THE PAST SIX MONTHS.....	3	3	3	
WITHIN THE PAST YEAR.....	4	4	4	
OVER A YEAR AGO.....	5	5	5	

IF OVER A YEAR AGO, ASK:

C. How old was he the last time he worried like that?	_ _	_ _	_ _	YEARS
--	-----	-----	-----	-------

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

OD3RA L10A.

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

[SYMPTOMS OCCURRED AT THE SAME TIME]

OD3RA E.

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

[SYMPTOMS LASTED FOR AT LEAST 6 MONTHS]

RECORD: _____

M: SUICIDAL BEHAVIOR

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

FIRST CHILD SECOND CHILD THIRD CHILD

M1A. Has he ever thought a lot about death or dying?

NO..(SKIP TO M2A).....1.....1.....1
ALC/DRUG ONLY.....3.....3.....3
YES.....5.....5.....5

B. How old was he when he first had these thoughts? ___ ___ ___ ___ ___ ___ YEARS

C. When was the last time he had these thoughts? Was it...

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

IF OVER A YEAR AGO, ASK:

D. How old was he then? ___ ___ ___ ___ ___ ___ YEARS

E. Can you tell me what was going on?

RECORD: _____

M2A. Has he ever made a plan about how he was going to kill himself?

NO..(SKIP TO M3A).....1.....1.....1
ALC/DRUG ONLY.....3.....3.....3
YES.....5.....5.....5

B. How many times has he made plans like that? ___ ___ ___ ___ ___ ___ TIMES

C. How old was he when he first made a plan? ___ ___ ___ ___ ___ ___ YEARS

D. When was the last time he made a plan? Was it...

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

IF OVER A YEAR AGO, ASK:

E. How old was he then? ___ ___ ___ ___ ___ ___ YEARS

F. Can you tell me about (a/the) plan?

RECORD: _____

<u>FIRST</u> <u>CHILD</u>	<u>SECOND</u> <u>CHILD</u>	<u>THIRD</u> <u>CHILD</u>
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M3A. Has he ever tried to kill himself?

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

<p>IF NO TO Q.M3A AND YES TO Q.M1A OR Q.M2A, SKIP TO Q.M6A. IF YES TO Q.M3A, CONTINUE. IF NO TO QS.M1A-M3A, SKIP TO <u>OBSESSIONS</u>, Q.N1, P.102.</p>

B. How many times?	_ _	_ _	_ _	TIMES
C. How old was he the first time?	_ _	_ _	_ _	YEARS
D. When was the last time?				

Was it...

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

IF OVER A YEAR AGO, ASK:

E. How old was he then?	_ _	_ _	_ _	YEARS
-------------------------	-----	-----	-----	-------

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

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

RECORD: _____

G. How old was he then?	_ _	_ _	_ _	YEARS
-------------------------	-----	-----	-----	-------

CODE FOR MOST SEVERE ATTEMPT.

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

M4.

<u>INTERVIEWER:</u>	<u>CODE LETHALITY:</u>			
NO DANGER.....	1.....	1.....	1.....	1
SEE A DOCTOR (MEDICAL REASONS).....	2.....	2.....	2.....	2
HOSPITALIZED (MEDICAL REASONS).....	3.....	3.....	3.....	3
INTENSIVE CARE.....	4.....	4.....	4.....	4
UNCLEAR (NO INFORMATION OR NOT SURE)....	9.....	9.....	9.....	9

M5.

<u>INTERVIEWER:</u>	<u>CODE INTENT:</u>			
DENIES INTENT.....	1.....	1.....	1.....	1
REPORTS ONLY MINIMAL INTENT.....	2.....	2.....	2.....	2
REPORTS DEFINITE INTENT WITH SOME AMBIVALENCE.....	3.....	3.....	3.....	3
VERY SEVERE/EXTREME INTENT TO DIE.....	4.....	4.....	4.....	4
UNCLEAR (NO INFORMATION OR NOT SURE)....	9.....	9.....	9.....	9

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

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

B. What did the doctor say?

RECORD: _____

OBSESSIVE COMPULSIVE DISORDER:

N. OBSESSIONS

OCD3R01 N1. Have there often been times when your child had thoughts or ideas that he couldn't keep out of his mind no matter how hard he tried to push them out? These wouldn't be ordinary worries but strange thoughts that kept breaking into his other thoughts.

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
NO.....	1.....	1.....	1
ALC/DRUG ONLY.....	3.....	3.....	3
YES..(SPECIFY).....	5.....	5.....	5

RECORD: _____

N2A. Have there been times when he worried that he might get germs or dirt on his hands?

NO..(SKIP TO N3).....	1.....	1.....	1
ALC/DRUG ONLY.....	3.....	3.....	3
YES.....	5.....	5.....	5

OCD3R01 B. Everyone worries about that some of the time. What I mean is, does he worry about this more than other people his age?

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

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

OCD3R01 N3. Does he worry a lot more than most of his friends about catching some sickness or disease?

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

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

FIRST CHILD SECOND CHILD THIRD CHILD

OCD3R01 N4. Has he worried a lot about doing something bad, like hurting someone he really liked?

(PROBE: HURTING SOMEONE IN HIS FAMILY BY ACCIDENT? FOR EXAMPLE, STABBING THEM WITH A KNIFE.)

NO.....1.....1.....1
ALC/DRUG ONLY.....3.....3.....3
YES..(SPECIFY).....5.....5.....5

RECORD: _____

OCD3R01 N5. Have there been times when he worried a lot that he might do something really inappropriate -- like standing up in front of the class and swearing or saying things he shouldn't say in front of his parents or adults?

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

IF NO TO QS.N1-N5, SKIP TO COMPULSIONS, Q.01, P.105. OTHERS CONTINUE.

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

OCD3R02 N6. Does he find that even if he makes a real effort not to think about these things he ends up thinking about them anyway?

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

[PERSON ATTEMPTS TO IGNORE OR SUPPRESS SUCH THOUGHTS OR NEUTRALIZE THEM WITH SOME OTHER THOUGHT OR ACTION]

OCD3R03 N7. These thoughts he has over and over, are they his own thoughts? What I mean is, are they coming from his own mind, or is it more like somebody is putting them inside his head?

SOMEONE PUTTING THEM IN HEAD.
OWN THOUGHTS.....

....1....
.....1..
.....
1
....5....

.....5..

.....

5

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

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

OCD3ROB

N8A. Is _____ (NAME 3'S AND 5'S IN QS. N1-N7) a big problem for him? For example, does it really upset him or take up a lot of his time?

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

B. How much time does he spend each day thinking about _____ (3'S AND 5'S IN QS. N1-N7)?

AN HOUR OR LESS.....	1.....	1.....	1
MORE THAN AN HOUR.....	2.....	2.....	2

N9A. How old was he the first time he started having these thoughts that bothered him or interfered with his life? _____ YEARS

B. When was the last time he was worried like that?

Was it...

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

| IF OVER A YEAR AGO, ASK: |

C. How old was he then? _____ YEARS

O: COMPULSIONS

<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
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OCD3RC1 01. Is your child the kind of person who often has to do things over and over even when it doesn't seem to make sense?

NOTE TO INTERVIEWER: READ EXAMPLES

SOME COMMON EXAMPLES ARE WASHING HIS HANDS OVER AND OVER, BECAUSE HE'S WORRIED HE MIGHT HAVE GERMS ON THEM; TAKING SHOWERS OR BATHS ONE AFTER ANOTHER, BECAUSE HE WORRIES ABOUT BEING DIRTY; GOING BACK OVER AND OVER TO CHECK ON SOMETHING LIKE WHETHER OR NOT HE LEFT THE WATER RUNNING.

NO.....	1.....	1.....	1
ALC/DRUG ONLY.....	3.....	3.....	3
YES..(SPECIFY).....	5.....	5.....	5

[REPETITIVE, PURPOSEFUL, AND INTENTIONAL BEHAVIORS THAT ARE PERFORMED IN RESPONSE TO AN OBSESSION]

NOTE TO INTERVIEWER:
BE SURE TO GET AN EXAMPLE.

RECORD: _____

O2A. Is he the kind of person who often has to do things in a certain way or else he gets upset?

(PROBE: PUTTING HIS CLOTHES ON IN THE SAME ORDER IN THE MORNING. DOING HIS SCHOOLWORK IN THE SAME ORDER, KEEPING HIS THINGS IN A PARTICULAR ORDER.)

NO..(SKIP TO O3A).....	1.....	1.....	1
ALC/DRUG ONLY.....	3.....	3.....	3
YES.....	5.....	5.....	5

OCD3RC1 B. If he does things out of order, does he get very upset, and has to start all over again?

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

[REPETITIVE, PURPOSEFUL, AND INTENTIONAL BEHAVIORS THAT ARE PERFORMED ACCORDING TO CERTAIN RULES OR IN A STEREOTYPED FASHION]

<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
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O3A. Sometimes when people see things like squares in a tile floor, they find that they just have to count them. Have there been times when he had to count things like that?

NO..(SKIP TO BOX AFTER Q3B).....	1.....	1.....	1.....
ALC/DRUG ONLY.....	3.....	3.....	3.....
YES..(SPECIFY).....	5.....	5.....	5.....

RECORD: _____

OCD3RC1

B. Did he try to make himself stop, but found that he just had to count?

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

IF NO TO QS.01-03, SKIP TO ANOREXIA NERVOSA, Q.P1, P.108. OTHERS CONTINUE.

O4. When he doesn't ____ (NAME POSITIVES IN QS. 01-03) does he feel nervous or upset?

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

[THE BEHAVIOR IS DESIGNED TO NEUTRALIZE OR PREVENT DISCOMFORT OR SOME DREADED EVENT OR SITUATION]

O5A. Does he ____ (NAME POSITIVES IN QS.01-03) a lot more than he really needs to?

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

B. Have his parents or other people said that he (NAME POSITIVES IN QS.01-03) a lot more than he really needs to?

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

[THE PERSON RECOGNIZES THAT HIS OR HER BEHAVIOR IS EXCESSIVE OR UNREASONABLE]

<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
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OCD3RB 06A. Is _____(NAME 3'S AND 5'S IN
 QS.01-03) a problem for him? For
 example, does it really upset him or
 take a lot of his time?

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

OCD3RB B. How much time does he spend each day
 _____ (NAME 3'S AND 5'S IN QS.01-03)?

LESS THAN AN HOUR.....	1.....	1.....	1
ONE HOUR OR MORE.....	2.....	2.....	2

**[COMPULSIONS CAUSE MARKED DISTRESS, TAKING MORE THAN 1 HOUR A DAY, AND
 INTERFERE WITH A PERSON'S NORMAL ROUTINE]**

07A. How old was he when he first _____ YEARS
 remembered feeling that he had to
 _____ (NAME 3'S AND 5'S IN
 QS.01-03)?

B. When was the last time he had to
 _____ (3'S AND 5'S IN QS.01-03)?

Was it...

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

| IF OVER A YEAR AGO, ASK: |

C. How old was he then? _____ YEARS

EATING DISORDERS:

P: ANOREXIA NERVOSA

FIRST CHILD SECOND CHILD THIRD CHILD

ANORX3RA P1. Has your child ever lost any weight on purpose?

NO..(SKIP TO Q.1A).....1.....1.....1
ALC/DRUG ONLY.....3.....3.....3
YES..(SPECIFY).....5.....5.....5

RECORD: _____

[REFUSAL TO MAINTAIN BODY WEIGHT OVER A MINIMAL WEIGHT FOR AGE AND HEIGHT OR FAILURE TO MAKE EXPECTED WEIGHT GAIN DURING A PERIOD OF GROWTH...]

ANORX3RC P2. Did he feel that he was fat or that parts of him were too fat, even when people said he was too thin?

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

[DISTURBANCE IN THE WAY IN WHICH ONE'S BODY WEIGHT, SIZE, OR SHAPE IS EXPERIENCED]

ANORX3RA P3A. When he was at his thinnest, _____ LBS
how much did he weigh?

B. How old was he when he was at his _____ YEARS
thinnest?

C. How tall was he then? _____ FT _____ IN _____ FT _____ IN _____ FT _____ IN

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
IS WEIGHT IN P3A EQUAL TO OR BELOW AMOUNT ON WEIGHT CHART?	NO....1	NO....1	NO....1
	YES...5	YES...5	YES...5

[REFUSAL TO MAINTAIN BODY WEIGHT OVER A MINIMAL WEIGHT FOR AGE AND HEIGHT OR FAILURE TO MAKE EXPECTED WEIGHT GAIN DURING A PERIOD OF GROWTH...]

ANORX3RB P4. Did he ever keep trying to lose weight, even though other people said he was too thin?

NO..(SKIP TO Q1A).....1.....1.....1
ALC/DRUG ONLY.....3.....3.....3
YES.....5.....5.....5

[INTENSE FEAR OF GAINING WEIGHT OR BECOMING FAT, EVEN THOUGH UNDERWEIGHT]

FIRST CHILD SECOND CHILD THIRD CHILD

ANORX3RB P5. When he was underweight, did he worry a lot about being fat or becoming fat?

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

[INTENSE FEAR OF GAINING WEIGHT OR BECOMING FAT EVEN THOUGH UNDERWEIGHT]

P6. Did his parents take him to a doctor, because they were worried about him losing so much weight?

NO..(SKIP TO P7A).....1.....1.....1
ALC/DRUG ONLY.....3.....3.....3
YES.(SPECIFY).....5.....5.....5

What did the doctor say?

RECORD: _____

P7A. How old was he when he first started worrying about his weight a lot? _ _ _ _ _ _ YEARS

B. When was the last time he worried about his weight a lot?

Was it...

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

| IF OVER A YEAR AGO, ASK: |

C. How old was he the last time he worried a lot about his weight? _ _ _ _ _ _ YEARS

GIRLS 6-8 AND ALL BOYS SKIP TO NEXT SECTION, BULIMIA, Q.Q1A, P.110. GIRLS 9 AND OLDER CONTINUE.

P8. Had she started her menstrual periods before she began to diet?

NO..(SKIP TO Q1A).....1.....1.....1
YES.....5.....5.....5

ANORX3RD P9. While she was losing weight, did her periods stop for at least 3 months in a row?

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

[ABSENCE OF AT LEAST 3 CONSECUTIVE MENSTRUAL CYCLES]

Q: BULIMIA

Q1A. Has your child had several episodes of eating a really large amount of food all at one time (MUCH LARGER THAN USUAL)? For example, an entire box of cookies or a large carton of ice cream?

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
NO..(SKIP TO R1).....	1.....	1.....	1.....
ALC/DRUGS ONLY.....	3.....	3.....	3.....
YES.....	5.....	5.....	5.....

B. How much did he eat?

RECORD: _____

BULIM3RA Q2A. Did he ever eat large amounts of food like that at least twice a week?

NO.....	1.....	1.....	1.....
ALC/DRUG ONLY... (SKIP TO Q.3).....	3.....	3.....	3.....
YES.(SKIP TO Q.3).....	5.....	5.....	5.....

[RECURRENT EPISODES OF RAPID CONSUMPTION OF LARGE AMOUNTS OF FOOD IN A DISCRETE PERIOD OF TIME]

B. He's never eaten a really large amount of food twice in one week?

NEVER EATEN LARGE AMOUNT.....	1.....	1.....	1.....
HAS EATEN LARGE AMOUNT.....	5.....	5.....	5.....

<p>IF NEVER EATEN REALLY LARGE AMOUNT OF FOOD, SKIP TO <u>SOMATIZATION</u>, Q.R1, P.112. OTHERS CONTINUE.</p>

BULIM3RD Q3.

NOTE TO INTERVIEWER:			
HOW LONG DID THAT PERIOD OF EATING LARGE AMOUNTS OF FOOD AT LEAST TWICE A WEEK GO ON? PROBE FOR A MINIMUM OF 3 MONTHS DURATION OF BINGE EATING AT LEAST TWICE A WEEK.			
	<u>1ST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
LESS THAN 3 MONTHS...	1.....	1.....	1.....
3 MONTHS OR MORE.....	5.....	5.....	5.....

[A MINIMUM AVERAGE OF 2 BINGE EATING EPISODES A WEEK FOR AT LEAST 3 MONTHS]

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

BULIM3RE Q4A. Did he often worry a lot about how his body looked?

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

B. Did he often worry a lot about how much he weighed?

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

[PERSISTENT CONCERN WITH BODY SHAPE AND WEIGHT]

BULIM3RC Q5. When he was on eating binges like the ones we described earlier, did he often try to keep his weight down by taking laxatives, or making himself throw up?

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

[REGULARLY ENGAGES IN SELF-INDUCED VOMITING OR USE OF LAXATIVES OR DIURETICS]

BULIM3RC Q6. Did he exercise a lot to help keep his weight down?

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

[REGULARLY ENGAGES IN VIGOROUS EXERCISES TO PREVENT WEIGHT GAIN]

BULIM3RB Q7. When he was on one of those eating binges, was he ever afraid that he couldn't stop eating? Did he ever feel he couldn't stop eating?

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

[FEELING OF LACK OF CONTROL OVER EATING BEHAVIOR DURING BINGES]

Q8A. How old was he when he first started having eating binges? ___ ___ ___ ___ ___ ___ YEARS

B. When was the last time he went on an eating binge? Was it...

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

| **IF OVER A YEAR AGO, ASK:** |

C. How old was he when he stopped having eating binges? ___ ___ ___ ___ ___ ___ YEARS

SOMATIZATION NOTE TO INTERVIEWER

This section of the interview is to be given in a semi-structured manner. After each positive, the interviewer must determine if the symptom is below criteria, if it occurred only when the respondent was on drugs or alcohol, if it was the result of some illness or injury, or if, in fact, it is a somatizing symptom. If the respondent has previously indicated that he/she has never used alcohol or drugs, there is no need to ask about them.

SOMPTIZATION PROBE CHART

IF NO TO SYMPTOM CODE 1

IF YES TO SYMPTOM ASK:

Has anyone taken you to see a doctor or any one else about your (NAME SYMPTOM)?

IF YES ASK:

REASON: Was it only because you were using DRUGS, ALCOHOL, or taking MEDICINE? CODE 3

REASON: Was it only because you were SICK or HURT? CODE 4

IF NONE OF THE ABOVE CODE 5

IF NO ASK:

Did you take a lot of any medicines other than pain medicines you can buy at the store?

IF YES ASK:

REASON: Was it only because you were using DRUGS, ALCOHOL, or taking MEDICINE? CODE 3

REASON: Was it only because you were SICK or HURT? CODE 4

IF NONE OF THE ABOVE CODE 5

IF NO ASK:

Did it keep you from doing anything that you usually do?

IF YES ASK:

REASON: Was it only because you were using DRUGS, ALCOHOL, or taking MEDICINE? CODE 3

REASON: Was it only because you were SICK or HURT? .. CODE 4

IF NONE OF THE ABOVE CODE 5

IF NO: CODE 2

INTERVIEWER: NOTE CHANGE IN CODING OPTIONS.

R: SOMATIZATION

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
SOM3RA	R1. Do you feel that your child gets sick a lot of the time? More than most people his age?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

RECORD: _____

[A HISTORY OF PHYSICAL COMPLAINTS OR BELIEF THAT ONE IS SICKLY]

SOM3RA	R2. Does he have to see the doctor a lot? More often than other people his age?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
--------	---	-----------	-----------	-----------

(PROBE: HAS HW MISSED A LOT OF SCHOOL BECAUSE OF FEELING SICK?)

[A HISTORY OF PHYSICAL COMPLAINTS OR BELIEF THAT ONE IS SICKLY]

SOM3RB1	R3. Has he had times in his life when he's thrown up a lot (much more than usual -- much more than his friends or other people his age)?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
---------	--	-----------	-----------	-----------

**IF CODED 3, 4, OR 5, CONTINUE.
OTHERS SKIP TO Q.R5.**

[VOMITING OTHER THAN DURING PREGNANCY]

PROBING PATTERN:

- 1 = NO, NEVER
- 2 = YES, BUT DID NOT INTERFERE
- 3 = YES, ALWAYS DUE TO MED/DRUGS/ALC
- 4 = YES, ALWAYS DUE TO PHYSICAL ILLNESS/INJURY
- 5 = YES, PSYCHIATRICALY RELEVANT

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
R4.	Has he been bothered a lot-- more than most people his age--by any of the following problems?			
SOM3RB3	A. Does he feel sick to his stomach a lot of the time?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB4	B. Does his stomach fill up with gas a lot of the time?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB5	C. Does he have a lot of problems with diarrhea?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB6	D. Does he have problems with getting sick easily from eating different foods?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB2	E. Has he had a lot of trouble with pains in his stomach?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB7	R5. Has he ever had problems with very bad pain in his arms and legs?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

[PAIN IN EXTREMITIES]

IF CODED 3, 4, AND 5, CONTINUE.
OTHERS SKIP TO Q.R7.

SOM3RB8	R6. A. Has he had a lot of problems with back pain?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB10	B. Does he have a lot of problem with pain when he goes to the bathroom (urinate)?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB11	C. Has he 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
SOM3RB9	D. Has he had a lot of pain in his joints? (ankles, knees, wrists, elbows)?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB12	R7. Does he have trouble with getting out of breath, at times when he's <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

[SHORTNESS OF BREATH WHEN NOT EXERTING ONESELF]

IF CODED 3, 4, OR 5, CONTINUE.
OTHERS SKIP TO Q.R9.

			<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
SOM3RB13	R8A.	Has he had a lot of trouble with his heart pounding or beating too fast?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB14	B.	Has he 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
SOM3RB15	C.	Does he frequently feel faint or lightheaded?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

SOM3RB16	R9.	Has he had problems with <u>amnesia</u> for any amount of time when he couldn't remember anything that happened to him?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
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[AMNESIA]

SOM3RB17	R10.	Has he ever had a lot of difficulty swallowing?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
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[DIFFICULTY SWALLOWING]

IF Q.R9 OR Q.R10 CODED 3, 4, OR 5, CONTINUE. OTHERS WHO ARE MALE, SKIP TO INSTRUCTION BOX AFTER Q.R12D. OTHERS WHO ARE FEMALE, SKIP TO BOX BEFORE Q.R12A.

SOM3RB18	R11A.	Has he ever found that he just couldn't speak (lost his voice)?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB19	B.	Has he ever gone suddenly deaf and not been able to hear anything?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB20	C.	Has he had a lot of problems with double vision, that is, seeing two of one thing?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB21	D.	Has he had a lot of problems with his eyes where things look fuzzy?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB22	E.	Has he ever suddenly gone blind?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB23	F.	Have there been times when he fainted or lost consciousness?	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>
SOM3RB24	R11G. Has he had seizures?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB25	H. Has he had a lot of trouble walking?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB26	I. Has he ever felt so weak that he couldn't lift or move things that he could ordinarily lift or move?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
SOM3RB27	J. Has he had the kind of difficulty going to the bathroom where he had a hard time getting his urine to come out?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

GIRLS 9 YEARS AND OLDER, CONTINUE.
 GIRLS 8 YEARS AND YOUNGER AND ALL BOYS,
 SKIP TO INSTRUCTION BOX AFTER Q.R12D.

R12A. Has she started her menstrual (monthly) period? 1 5 1 5 1 5

IF NO, SKIP TO BOX AFTER Q.R12D.
 IF YES, CONTINUE.

SOM3RB32 B. Does she have a lot of problems with menstrual cramps? 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5

[PAINFUL MENSTRUATION]

IF CODED 3, 4, OR 5, CONTINUE.
 OTHERS SKIP TO INSTRUCTION AFTER Q.R12D.

SOM3RB33 C. Does she have problems with irregular menstrual periods? 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5

SOM3RB34 D. Does she bleed heavily (more than most girls) when she does have her menstrual period? 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5

IF NO 3'S, 4'S OR 5'S CODED IN QS.R1-R12B, SKIP TO PSYCHOTIC SYMPTOMS, Q.S1A, P.118. 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

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

SOM3RA R13A. You've told me that _____ (NAME
3'S, 4'S AND 5'S IN QS.R1-R12D).

Can you remember how old he was when _____ YEARS
these problems started happening? _____

[ONSET BEFORE AGE 30]

B. When was the last time he had any of these problems?

Was it...

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

IF OVER A YEAR AGO, ASK:

C. How old was he the last time any of _____ YEARS
these problems happened? _____

[SYMPTOMS PERSIST FOR SEVERAL YEARS]

S: PSYCHOTIC SYMPTOMS

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
SCZ3R1b	S1A. Has your child ever seen things that other people looking at the same spot couldn't see? (PROBE: LIKE A VISION?)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

[VISUAL HALLUCINATIONS]

B. Could you tell me what he saw?

RECORD: _____

<p>IF CODED 3, 4, OR 5, CONTINUE. OTHERS SKIP TO Q.S2A.</p>

C. Was the only time he saw it when he was falling asleep or waking up?

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

SCZ3R1b	S2A. Has he more than once heard voices talking? Voices that only he could hear?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
---------	--	-----------	-----------	-----------

[AUDITORY HALLUCINATIONS]

<p>IF CODED 3, 4, OR 5, CONTINUE. OTHERS SKIP TO Q.S3.</p>
--

B. Could you tell me a little more about it/them?

RECORD: _____

C. Did the voice(s) say bad things to him, or about him?

RECORD: _____

D. Did the voice(s) tell him to do something?

RECORD: _____

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>										
SCZ3R1b	S3.	Has he more than once heard strange sounds or noises besides voices?	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
		RECORD: _____															

SCZ3R1b	S4.	Has he ever smelled something strange--something that other people couldn't smell?	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
		RECORD: _____															

[OLFACTORY HALLUCINATIONS]

SCZ3R1a	S5.	Has he ever felt that people were watching what he was doing, like they were spying on him?	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
		RECORD: _____															

[PARANOID DELUSION]

SCZ3R1a	S6.	Have there been times when he thought that people were talking about him behind his back? (PROBE: WERE THEY PLANNING TO HURT HIM IN SOME WAY--LIKE MAYBE POISON HIM?)	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
---------	-----	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

[DELUSIONS OF PERSECUTION]

NOTE TO INTERVIEWER: BE SURE THIS IS A PSYCHOTIC SYMPTOM, AND NOT JUST A SITUATION IN WHICH FRIENDS ARE TALKING ABOUT THE RESPONDENT, EVEN IF THE FRIENDS ARE BEING MEAN AND INSENSITIVE.

RECORD: _____

			<u>FIRST CHILD</u>		<u>SECOND CHILD</u>		<u>THIRD CHILD</u>										
SCZ3RA2	S7.	While he was watching TV, has he thought that someone on TV was sending a special message to him and nobody else?	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
		RECORD: _____															

SCZ3RA2	S8.	Has he ever felt that someone on TV or on the radio was making fun of him, or saying things about him?	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
---------	-----	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

[BIZARRE DELUSIONS]

SCZ3RA2	S9.	Has he ever heard his thoughts spoken out loud? (PROBE: LIKE THEY WERE BEING BROADCAST ON THE RADIO?)	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
		RECORD: _____															

SCZ3RA2	S10.	Has he thought that someone was able to control his mind and make him do things he didn't want to do?	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
		RECORD: _____															

SCZ3RA2	S11.	Has he ever felt that people could read his mind or hear what he was thinking? Could you give me an example? (PROBE: IS IT BECAUSE THEY'VE KNOWN HIM FOR A LONG TIME OR KNOW HIM VERY WELL?)	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
		RECORD: _____															

<p><u>PROBING PATTERN:</u></p> <p>1 = NO, NEVER</p> <p>2 = YES, BUT DID NOT INTERFERE</p> <p>3 = YES, ALWAYS DUE TO MED/DRUGS/ALC</p> <p>4 = YES, ALWAYS DUE TO PHYSICAL ILLNESS/INJURY</p> <p>5 = YES, PSYCHIATRICALY RELEVANT</p>
--

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
SCZ3RA2	S12. Has he ever been able to read someone else's mind? Could you give me an example?	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

SPECIFY: _____

IF ANY 3'S, 4'S, OR 5'S IN QS.S1-S12, CONTINUE.
 OTHERS SKIP TO EXTENDED FAMILY, Q.T1, P.122.

		<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>	
S13A.	You've told me that _____ (NAME 3'S, 4'S, OR 5'S IN QS.S1-S12). Can you remember how old he was when things like this started happening?	_ _	_ _	_ _	YEARS

B. When was the last time anything like this happened?
 Was it...

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

IF OVER A YEAR AGO, ASK: |

C. How old was he the last time anything like that happened? _____ YEARS

INTERVIEWER:

CHECK QS.J3, J8, AND J13 TO SEE IF AGES OF DEPRESSED EPISODES COINCIDE WITH AGES OF EPISODES OF PSYCHOTIC SYMPTOMS.

S14. DID ANY POSITIVE SYMPTOMS IN QS.S1-S12 HAPPEN DURING THE RECORDED EPISODES OF DEPRESSION?	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
	1	1	1
	5	5	5

RECORD EVENTS OF DEPRESSED EPISODES THAT HAVE PSYCHOTIC FEATURES:

T: EXTENDED FAMILY

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

INTERVIEWER:

T1. Does the child have a relationship with his/her biological parents?

	<u>MOTHER</u>	
NO.....	1.....	1.....1
YES.....	5.....	5.....5

	<u>FATHER</u>	
NO.....	1.....	1.....1
YES.....	5.....	5.....5

IF THE CHILD HAS NO KNOWLEDGE OF HIS BIOLOGICAL PARENTS, LEAVE CODING SPACES FOR THAT PARENT IN THE SUBSEQUENT QUESTIONS BLANK. CODE ONLY FOR BIOLOGICAL PARENTS IN "MOTHER" AND "FATHER" SPACES.

T2. Does child live with...

NO STEP-PARENT.....	1.....	1.....	1
STEP-MOTHER.....	2.....	2.....	2
STEP-FATHER.....	3.....	3.....	3
BOTH STEP-MOTHER AND STEP-FATHER..	4.....	4.....	4

IF CHILD LIVES WITH A STEP-PARENT, CODE THAT STEP-PARENT IN Q.T3 AND FOR THE SUBSEQUENT "OTHER" SPACES.

IF THERE ARE TWO STEP-PARENTS, CODE ONLY THE STEP-MOTHER IN Q.T3 AND "OTHER" SPACES.

IF THERE IS NO STEP-PARENT, LET THE CHILD DESIGNATE AN "OTHER" BY ANSWERING Q.T3 BELOW.

IF CHILD DESIGNATES MORE THAN ONE CLOSE ADULT AND ABSOLUTELY CANNOT PICK ONE, INTERVIEWER SHOULD PICK ONE FOR HIM.

T3. Is there any adult besides his parents (or step parents) to whom he feels very close and who plays an important part in his life?

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

U: PARENTS' TIME SPENT WITH CHILD

INTERVIEWER: IN THIS PART OF THE INTERVIEW
PROBE FOR THE POSSIBILITY THAT ALL 3 PARENTING
FIGURES ARE INTERACTING WITH THE CHILD.

Now I'm going to ask you about the kinds of things some families do together. You tell me if your family does any of these things together.

U1A. Do you (MOTHER/FATHER/BOTH/OTHER) do things with him, spend time with him, help him with homework or school projects, do chores around the house with him, go shopping with him, or help him plan things?	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
		<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

PROBE FOR CURRENT ACTIVITIES.
USE AGE APPROPRIATE PROBES.

RECORD: _____

B. Would you say that you _____ (MOTHER/FATHER/BOTH/OTHER) spend time with him...

		<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

U2. Do you (MOTHER/FATHER/BOTH/OTHER) ever talk about what's going on in the world? Like what's happening in other countries, what the president is doing, or problems with the crime rate? Do you ever talk about something that was on TV news, or in the paper?

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

U3. Family celebrations like Thanksgiving, Christmas, or birthdays are supposed to be a lot of fun. But sometimes they end up with people getting upset. What is it like in your family? Are holidays upsetting, a lot of fun or some of both?

UPSETTING.....	1.....	1.....	1
SOMETIMES UPSETTING/ SOMETIMES FUN.....	2.....	2.....	2
LOTS OF FUN.....	3.....	3.....	3

RECORD: _____

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
U4A. Do you (MOTHER/FATHER/BOTH/OTHER) show that you care about others in the family by giving them 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

OMIT FOR 7-12 YEAR OLDS

B. Did he get hugs and kisses when he was little?			
		<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

U5. Do you (MOTHER/FATHER/BOTH/OTHER) ever upset him by teasing him in a mean way, or doing other things that hurt his feelings?			
		<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

U6. Do you (MOTHER/FATHER/BOTH/OTHER) criticize (disapprove of) him? (PROBE: ARE YOU ALWAYS TELLING HIM THAT WHAT HE'S DOING IS WRONG?)			
		<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

U7. Do you (MOTHER/FATHER/BOTH/OTHER) go out of your way to say he did a good job when he did something well? For example, if he receives a good grade in school, is he told something nice about it?

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

U8A. When he has problems, or is worried about something, to whom does he usually tell his troubles?

		<u>MOTHER</u>	
NO.....	1.....	1.....	1
YES..(SKIP TO U8C).....	5.....	5.....	5
		<u>FATHER</u>	
NO.....	1.....	1.....	1
YES..(SKIP TO U8C).....	5.....	5.....	5
		<u>OTHER</u>	
NO.....	1.....	1.....	1
YES..(SKIP TO U8C).....	5.....	5.....	5

B. Is there a reason why he doesn't usually tell his troubles to _____ (MOTHER/FATHER/BOTH/OTHER)?

		<u>MOTHER</u>	
NO REASON.....	1.....	1.....	1
YOU ARE NOT INTERESTED.....	2.....	2.....	2
THEY DON'T FEEL COMFORTABLE.....	3.....	3.....	3
OTHER REASON.....	4.....	4.....	4
		<u>FATHER</u>	
NO REASON.....	1.....	1.....	1
YOU ARE NOT INTERESTED.....	2.....	2.....	2
THEY DON'T FEEL COMFORTABLE.....	3.....	3.....	3
OTHER REASON.....	4.....	4.....	4
		<u>OTHER</u>	
NO REASON.....	1.....	1.....	1
YOU ARE NOT INTERESTED.....	2.....	2.....	2
THEY DON'T FEEL COMFORTABLE.....	3.....	3.....	3
OTHER REASON.....	4.....	4.....	4

| SKIP TO DISCIPLINE, P.127. |

C. Does he feel that (5'S IN Q.U8A) does a good job of listening to his troubles?

		<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

V: DISCIPLINE

Parents have many different ways of disciplining their children. I'm going to name some of the things that parents do and you tell me if any of the things I mention happen in your house.

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
V1. When your child does something that you (MOTHER/FATHER/BOTH/OTHER) think is wrong, do you yell or fuss at him?			
		<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

RECORD: _____

V2. As a punishment, do you (MOTHER/FATHER/BOTH/OTHER) ever "ground" him -- that is, not allow him to do something he really wanted to do?			
		<u>MOTHER</u>	
MORE THAN AVERAGE CHILD.....	1.....	1.....	1
SAME AS AVERAGE CHILD.....	2.....	2.....	2
LESS THAN AVERAGE CHILD.....	3.....	3.....	3
		<u>FATHER</u>	
MORE THAN AVERAGE CHILD.....	1.....	1.....	1
SAME AS AVERAGE CHILD.....	2.....	2.....	2
LESS THAN AVERAGE CHILD.....	3.....	3.....	3
		<u>OTHER</u>	
MORE THAN AVERAGE CHILD.....	1.....	1.....	1
SAME AS AVERAGE CHILD.....	2.....	2.....	2
LESS THAN AVERAGE CHILD.....	3.....	3.....	3

RECORD: _____

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

V3. Does he get into trouble with you
(MOTHER/FATHER/BOTH/OTHER)...

	<u>MOTHER</u>	
MORE THAN MOST KIDS?.....	1.....	1
SAME AS MOST KIDS?.....	2.....	2
LESS THAN MOST KIDS?.....	3.....	3

	<u>FATHER</u>	
MORE THAN MOST KIDS?.....	1.....	1
SAME AS MOST KIDS?.....	2.....	2
LESS THAN MOST KIDS?.....	3.....	3

	<u>OTHER</u>	
MORE THAN MOST KIDS?.....	1.....	1
SAME AS MOST KIDS?.....	2.....	2
LESS THAN MOST KIDS?.....	3.....	3

RECORD: _____

W: ADULTS AS ROLE MODELS

W1. Do you _____ (MOTHER/FATHER/BOTH/OTHER) belong to any groups or clubs like the P.T.A., church or synagogue, or a sports club?

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

RECORD: _____

W2. Do you (MOTHER/FATHER/BOTH/OTHER) have some friends you see from time to time?

(PROBE: DO YOU HAVE ANY FRIENDS YOU SEE AWAY FROM HOME AND WORK?)

		<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

RECORD: _____

W3. Do you _____ (MOTHER/FATHER/BOTH/OTHER) get together with friends and relatives for celebrations (THANKSGIVING, 4TH OF JULY)?

		<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

RECORD: _____

W4. When your child is in an activity at school, like a play or a concert, do you _____ (MOTHER/FATHER/BOTH/OTHER) usually try to attend?

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

RECORD: _____

W5. Do you (MOTHER/FATHER/BOTH/OTHER) have any hobbies that you enjoy doing, like doing needlepoint, working on the car, going to the movies, cooking special dishes? Are you interested in football, or baseball games, things like that?

		<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

RECORD: _____

IF PARENTS OBVIOUSLY HAVE A TROUBLED LIFE,
 SAY: IN SPITE OF ALL THEIR DIFFICULTIES...

W6. Would you say that you (MOTHER/FATHER/BOTH/OTHER) are pretty happy people?

		<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

RECORD: _____

W7.	Does he feel very close to you _____ (MOTHER/FATHER/OTHER)?	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
			<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

RECORD: _____

W8.	Do you (MOTHER/FATHER/BOTH/OTHER) argue or fight with each other?			
			<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

RECORD: _____

W9. Everyone gets irritable and crabby some of the time, but some people seem to be irritable and crabby most of the time. What about you?
Are you...

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
<u>MOTHER</u>			
MORE IRRITABLE AND CRABBY THAN MOST PARENTS?.....	1.....	1.....	1
ABOUT THE SAME AS MOST PARENTS?.....	2.....	2.....	2
LESS IRRITABLE AND CRABBY THAN MOST PARENTS?.....	3.....	3.....	3
<u>FATHER</u>			
MORE IRRITABLE AND CRABBY THAN MOST PARENTS?.....	1.....	1.....	1
ABOUT THE SAME AS MOST PARENTS?.....	2.....	2.....	2
LESS IRRITABLE AND CRABBY THAN MOST PARENTS?.....	3.....	3.....	3
<u>OTHER</u>			
MORE IRRITABLE AND CRABBY THAN MOST PARENTS?.....	1.....	1.....	1
ABOUT THE SAME AS MOST PARENTS?.....	2.....	2.....	2
LESS IRRITABLE AND CRABBY THAN MOST PARENTS?.....	3.....	3.....	3

RECORD: _____

W10. Does it seem that you _____ (MOTHER/FATHER/BOTH/OTHER) are tired out or exhausted most of the time?

<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

RECORD: _____

X: FAMILY RULES

X1A. Do you allow your child to bring his friends home to spend time with him?

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
NO.....	1.....	1.....	1.....
YES..(SKIP TO X2A).....	5.....	5.....	5.....

B. What is the reason you don't allow his friends come over to visit?

RECORD: _____

X2A. Does he go to his friends' houses to visit?

NO.....	1.....	1.....	1.....
YES..(SKIP TO X3A).....	5.....	5.....	5.....

B. What is the reason he doesn't go to his friends' houses to visit?

RECORD: _____

X3A. Does he have to let you or someone know where he is whenever he is out of the house?

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

B. If he doesn't let you know where he is going is he...

IN NO TROUBLE AT ALL?.....	1.....	1.....	1.....
IN SOME TROUBLE?.....	2.....	2.....	2.....
IN BIG TROUBLE?.....	3.....	3.....	3.....

X4A. Do you have rules about T.V.?

(PROBE FOR HOW MUCH TV HE CAN WATCH AND WHAT KIND OF SHOWS.)

NO..(SKIP TO Y1).....	1.....	1.....	1.....
YES.....	5.....	5.....	5.....

B. What are the rules?

RECORD: _____

Y: PEER RELATIONS

Y1.	Does your child have any difficulty making friends or keeping friends?	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
	NO.....	1.....	1.....	1
	MAKING FRIENDS.....	2.....	2.....	2
	KEEPING FRIENDS.....	3.....	3.....	3
	MAKING AND KEEPING FRIENDS.....	4.....	4.....	4

Y2.	Does he have a best friend, or some best friends?			
	NO.....	1.....	1.....	1
	YES.....	5.....	5.....	5

ASK ABOUT ADOLESCENTS ONLY:

Y3A.	Has he ever had a boy/girl friend?			
	NO..(SKIP TO Y3C).....	1.....	1.....	1
	YES.....	5.....	5.....	5

NOTE TO INTERVIEWER: WE ARE LOOKING FOR ROMANTIC RELATIONSHIPS, OR WHAT THE KIDS CONSIDER ROMANTIC.

B.	Has he had more than one?			
	NO.....	1.....	1.....	1
	YES.....	5.....	5.....	5

C.	Does he have a lot of boy/girl friend problems? For example, does he like boys/girls who doesn't like him back? Or, do any boys/girls like him, but <u>he</u> doesn't like them back?			
	NO.....	1.....	1.....	1
	YES.....	5.....	5.....	5

RECORD: _____

ASK ABOUT ADOLESCENTS ONLY:

Y4.	Does he have boys/girls for friends? Not like boy/girl friends, but <u>just</u> friends?			
	NO.....	1.....	1.....	1
	YES.....	5.....	5.....	5

	<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
Y5A. Do you (MOTHER/FATHER/BOTH/OTHER) know most of his friends?			
NO.....	1.....	1.....	1.....
YES.....	5.....	5.....	5.....
 B. Do you (MOTHER/FATHER/OTHER) dislike any of his friends?			
NO.....	1.....	1.....	1.....
YES.....	5.....	5.....	5.....

RECORD: _____

IF THERE IS MORE THAN ONE CHILD LIVING WITH THE FAMILY, CONTINUE WITH <u>SIBLING NETWORK</u> , Q.Z1, P.136. IF ONLY ONE CHILD, SKIP TO <u>SUBJECT COMMENTS</u> , P.137.

Z: SIBLING NETWORK

Z1. All brothers and sisters fight some of the time. Do you think that he and his brothers/sisters fight...

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

MORE THAN MOST BROTHERS/SISTERS?.....	1	1	1
SAME AS MOST BROTHERS/SISTERS?.....	2	2	2
LESS THAN MOST BROTHERS/SISTERS?.....	3	3	3

Z2. Even though he sometimes fights with his brothers/sisters, would you say that they 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

Z3A. Does he and his brothers/sisters do anything together besides watching T.V.?

NO..(SKIP TO Z4).....	1	1	1
YES.(SPECIFY).....	5	5	5

B. What sort of things do they do together?

RECORD: _____

Z4. In your family, do the older children take care of the younger ones?

(PROBE: HELPING WITH HOMEWORK, BABY SITTING, PLAYING WITH THEM?)

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

Z5. Does he ever tell his brothers/sisters about his problems, or worries?

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

Z6. Does he and his brothers/sisters talk about what's going on at school, or with his friends, things like that?

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

Z7. Does he and his brothers/sisters stick up for one another in arguments with you (parents) or with other kids?

DOESN'T STICK UP.....	1	1	1
PARENTS.....	2	2	2
OTHER KIDS.....	3	3	3
BOTH.....	4	4	4

AA: SUBJECT COMMENTS

I've asked you a lot of questions about your child's feelings, experiences, and behavior. But of course, people are not all the same, and maybe there is something that is important to you that I might have missed. Is there anything else that you think I should know?

RECORD VERBATIM: _____

Is there anything you would like to say about the interview?

RECORD VERBATIM: _____

TIME ENDED: ___ ___ : ___ ___

(USE 24 HOUR CLOCK)

BB: INTERVIEWER OBSERVATIONS

BB1. General appearance

- A. Is he appropriately and cleanly dressed?
 - YES.....1
 - DIRTY AND UNKEMPT.....2
 - AGE INAPPROPRIATE.....3
 - ODD, BIZARRE.....4
 - OTHER: _____5

- B. General air, pervasive attitude is:
 - OPEN AND FRIENDLY, OR SHY BUT WARMS UP.....1
 - HOSTILE AND SUSPICIOUS.....2
 - EXCESSIVELY SHY, WITHDRAWN,
ANXIOUS OR SCARED.....3
 - BLASE, OVERCONFIDENT.....4
 - OTHER: _____5

- C. State of nutrition:
 - AVERAGE, LOOKS WELL-FED.....1
 - UNDERNOURISHED AND/OR EXTREMELY THIN.....2
 - OVERWEIGHT OR OBESE.....3
 - THIN, BELOW AVERAGE, BUT NOT
UNDERNOURISHED.....4
 - CHUBBY, BUT APPEARS NORMAL FOR AGE.....5

- D. Facial expression (pattern during interview):
 - NATURAL AND UNREMARKABLE.....1
 - EXPRESSIONLESS, NO VARIATION
WITH THOUGHT CONTENT.....2
 - ANXIOUS AND WORRIED.....3
 - SAD, TEARFUL OR CRYING, DEPRESSED.....4
 - HOSTILE, ANGRY (FROWNS, POUTS).....5
 - HIDES FACE FROM VIEW
(AVOIDS EYE CONTACT).....6
 - FLUCTUATED MARKEDLY DURING INTERVIEW.....7
 - OTHER: _____8

BB2. Affect

SHOWS FEELINGS APPROPRIATE TO CONTENT
 OF THOUGHT AND SITUATION.....1
 INAPPROPRIATELY SAD, ELATED, SILLY
 OR HOSTILE.....2
 UNUSUALLY FLAT, DISTANT, COLD.....3
 OTHER: _____4

BB3. Motor Behavior

SITS OR STANDS WITH NORMAL AMOUNT
 OF MOVEMENT.....1
 OVERACTIVE, IN OR OUT OF CHAIR.....2
 REPETITIVE, STEREOTYPED MOVEMENTS.....3
 BIZARRE, PURPOSELESS OR UNUSUAL
 MOVEMENTS, NOT NECESSARILY REPETITIVE...4
 SITS OR STANDS STIFF, RIGID, TENSE.....5
 TICS.....6
 OTHER: _____7

BB4. Speech

A. General description:

NORMAL, INTELLIGIBLE,
 APPROPRIATE AMOUNT.....1
 EXCESSIVE AMOUNT, CONSTANT.....2
 REDUCED AMOUNT, ANSWERS QUESTIONS
 WITH AS FEW WORDS AS POSSIBLE.....3
 OTHER: _____4

B. Pattern:

REGULAR, SMOOTH, EVEN.....1
 POOR ARTICULATION (LISPING, SLURRING,
 "BABY TALK," DIFFICULTY WITH
 CONSONANTS, ETC).....2
 STUTTERING, STAMMERING.....3
 INTERMITTENT, UNUSUAL SOUNDS,
 EXPLETIVES, GRUNTS, BARKS, ETC.....4
 OTHER: _____5

BB5. Attention

NORMALLY ATTENTIVE.....1
 INATTENTIVE, EASILY DISTRACTED.....2
 OTHER: _____3

BB6. Flow of thought

RELEVANT, COHERENT, NORMAL.....1
 THOUGHTS SEEM TO RACE CAUSING
 PUSH OF SPEECH.....2
 THINKING PROCESS IS SLOW
 WITH SLOW RESPONSES.....3
 PERSERVATION (REPEATS WORDS
 OR PHRASES).....4
 CIRCUMSTANTIAL AND/OR IRRELEVANT.....5
 DIFFICULT TO FOLLOW.....6
 DOESN'T MAKE SENSE.....7
 MORE THAN ONE ABOVE (CIRCLE).....8

BB7. Substance Use

NO SUBSTANCE USE APPARENT.....1
 SUSPICIOUS OF SOME SUBSTANCE USE.....2
 SUSPICIOUS OF INTOXICATION.....3
 INTOXICATED BUT ABLE TO FUNCTION.....4

BB8. General response to interview

NO SPECIAL PROBLEMS, COOPERATIVE,
 ADEQUATE EFFORT.....1
 SHOWED PERSISTENT, EXCESS ANXIETY
 RELATED TO INTERVIEW OR OVER-CONCERN
 ABOUT "RIGHT ANSWERS".....2
 EXCESS USE OF FANTASY OR CONFABULATION.....3
 GAVE UP EASILY, DID NOT TRY.....4
 OPEN DISGUST AND LACK OF COOPERATION.....5
 HAD TO BE COAXED CONTINUALLY.....6
 TIRED EASILY, WANTED TO STOP, BUT
 KEPT ON WITH ENCOURAGEMENT.....7
 MIMICKED RESPONSES, MADE NO EFFORT TO
 THINK ABOUT ANSWERS.....8
 QUIT AND REFUSED TO GO ON.....0

INTERVIEWER NARRATIVE

TIME STARTED: ____:____:____
(-) (-)
USE 24 HOUR CLOCK

* OPTIONAL *
* *
* STRUCTURED ASSESSMENT RECORD OF ALCOHOLIC HOMES *
* (SARAH) *

NOTE TO INTERVIEWER:
FOR EACH ADDITIONAL CHILD IN THE FAMILY USE STRUCTURED ASSESSMENT RECORD OF ALCOHOLIC HOMES (SARAH) SUPPLEMENT 3.

FAMILY DRINKING/CHEMICAL DEPENDENCY PATTERNS

INTERVIEWER: 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, not even your parents, unless someone is in danger or being hurt.

SARAH	1. Do you (MOTHER/FATHER/BOTH/OTHER) drink beer, wine or other alcoholic beverages now, or have you done this in the past?	<u>MOTHER</u>	
		NO.....1	YES.....5
		<u>FATHER</u>	
		NO.....1	YES.....5
		<u>OTHER</u>	
		NO.....1	YES.....5

SARAH	2A. Do you (MOTHER/FATHER/BOTH/OTHER) take drugs like crack, cocaine, marijuana, uppers, or downers? Did anyone do this in the past?	<u>EVER</u>	<u>NOW</u>
		NO YES	NO YES
		MOTHER	MOTHER
		1 5	1 5
		FATHER	FATHER
		1 5	1 5
		OTHER	OTHER
		1 5	1 5

IF NO, SKIP TO INSTRUCTION FOLLOWING Q.2B. OTHERS CONTINUE.

2B. Do/did(M/F/O) take:

	<u>MOTHER</u>		<u>FATHER</u>		<u>OTHER</u>	
	NO	YES	NO	YES	NO	YES
marijuana?	1	5	1	5	1	5
crack?	1	5	1	5	1	5
cocaine?	1	5	1	5	1	5
speed (uppers)?	1	5	1	5	1	5
PCP/LCD?	1	5	1	5	1	5
downers?	1	5	1	5	1	5
others?	1	5	1	5	1	5
IF OTHER DRUGS, RECORD: _____						

<p>IF NO TO BOTH QS.1 AND 2A, END INTERVIEW HERE. IF YES TO EITHER, CONTINUE.</p>

Many grown ups drink and never have any problems. But sometimes when parents drink a lot or take other drugs it causes problems for them or for other people in their family. I'm going to name some problems people 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 _____ (MOTHER/FATHER/BOTH/OTHER) more crabby or angry than usual?

- 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	1	2	3	4	5	1	2	3	4	5
OTHER	1	2	3	4	5	1	2	3	4	5

		<u>EVER</u>	<u>NOW</u>
4A.	When (MOTHER/FATHER/BOTH/OTHER) has had too much to drink, or has taken drugs, have they ever said or done anything that upset(child) or hurt his/her feelings?	MOTHER 1 2 3 4 5	MOTHER 1 2 3 4 5
	NO.....(SKIP TO Q.5A).....1	FATHER 1 2 3 4 5	FATHER 1 2 3 4 5
	DRINKING.....2	OTHER 1 2 3 4 5	OTHER 1 2 3 4 5
	DRUGS.....3		
	BOTH.....4		
	CAN'T DISTINGUISH.....5		

B.	How often has that happened?	MOTHER	FATHER	OTHER
	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

		<u>EVER</u>	<u>NOW</u>
SARAH	5A. Has _____ (MOTHER/FATHER/BOTH/OTHER) ever had too much to drink or taken drugs when (child's) friends were around?	MOTHER 1 2 3 4 5	MOTHER 1 2 3 4 5
	NO.....(SKIP TO Q.6).....1	FATHER 1 2 3 4 5	FATHER 1 2 3 4 5
	DRINKING.....2	OTHER 1 2 3 4 5	OTHER 1 2 3 4 5
	DRUGS.....3		
	BOTH.....4		
	CAN'T DISTINGUISH.....5		

B.	How often has _____ (MOTHER/FATHER/BOTH/OTHER) done that?	MOTHER	FATHER	OTHER
	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

		<u>EVER</u>	<u>NOW</u>
SARAH	6. Did he ever stop bringing his friends around because of drinking (or drug use) by (MOTHER/FATHER/BOTH/OTHER)?	MOTHER 1 2 3 4 5	MOTHER 1 2 3 4 5
	NO.....1	FATHER 1 2 3 4 5	FATHER 1 2 3 4 5
	DRINKING.....2		
	DRUGS.....3	OTHER 1 2 3 4 5	OTHER 1 2 3 4 5
	BOTH.....4		
	CAN'T DISTINGUISH.....5		

SARAH	7A. Did you _____ (MOTHER/FATHER/BOTH/OTHER) ever argue and fight when you had been drinking (or using drugs)?	MOTHER 1 2 3 4 5	MOTHER 1 2 3 4 5
	NO.....(SKIP TO Q.8).....1	FATHER 1 2 3 4 5	FATHER 1 2 3 4 5
	DRINKING.....2		
	DRUGS.....3	OTHER 1 2 3 4 5	OTHER 1 2 3 4 5
	BOTH.....4		
	CAN'T DISTINGUISH.....5		

SARAH	B. How often has he overheard the fighting and arguing?	MOTHER	FATHER	OTHER
	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

		<u>EVER</u>	<u>NOW</u>
SARAH	8. Have you (MOTHER/FATHER/BOTH/OTHER) ever thrown things or broken things when you have been drinking (or using drugs)?	MOTHER 1 2 3 4 5	MOTHER 1 2 3 4 5
	NO.....1	FATHER 1 2 3 4 5	FATHER 1 2 3 4 5
	DRINKING.....2		
	DRUGS.....3	OTHER 1 2 3 4 5	OTHER 1 2 3 4 5
	BOTH.....4		
	CAN'T DISTINGUISH.....5		

		<u>EVER</u>			<u>NOW</u>						
SARAH	9A. When _____ (MOTHER/FATHER/BOTH/OTHER) has been drinking, (or taking drugs), has s/he ever tried to hit(child) or hurt him in some way?	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
		NO.....(SKIP TO 10A).....1									
		DRINKING.....2									
		DRUGS.....3									
		BOTH.....4									
CAN'T DISTINGUISH.....5											
B. How often has _____ (MOTHER/FATHER/BOTH/OTHER) tried to do that?		MOTHER	FATHER			OTHER					
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					

		<u>EVER</u>			<u>NOW</u>						
SARAH	10A. Whenever _____ (MOTHER/FATHER/BOTH/OTHER) has been drinking (or taking drugs), has (child) ever seen (M/F/O)unhappy, or crying?	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
		NO.....(SKIP TO 11A).....1									
		DRINKING.....2									
		DRUGS.....3									
		BOTH.....4									
CAN'T DISTINGUISH.....5											
B. How often has he seen _____ (MOTHER/FATHER/BOTH/OTHER) being unhappy, or crying?		MOTHER	FATHER			OTHER					
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					

		<u>EVER</u>	<u>NOW</u>
SARAH	11A.	MOTHER	MOTHER
	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 _____ (MOTHER/FATHER/BOTH/OTHER)?	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
	NO.....(SKIP TO Q.12).....1		
	DRINKING.....2		
	DRUGS.....3		
	BOTH.....4		
	CAN'T DISTINGUISH.....5		
	 B. How often did that happen to _____ (MOTHER/FATHER/BOTH/OTHER)?	MOTHER	FATHER
			OTHER
		1	1
		2	2
	EVERY DAY OR NEARLY EVERYDAY.....1	3	3
	ONCE OR TWICE A WEEK.....2	4	4
	ONCE OR TWICE A MONTH.....3		
	LESS THAN ONCE OR TWICE A MONTH...4		

		<u>EVER</u>	<u>NOW</u>
SARAH	12.	MOTHER	MOTHER
	Have you ____ (MOTHER/FATHER/BOTH/OTHER) ever spent so much time drinking (or taking drugs) that you didn't have time to be with him or look after him/her?	1 2 3 4 5	1 2 3 4 5
	NO.....1		
	DRINKING.....2		
	DRUGS.....3		
	BOTH.....4		
	CAN'T DISTINGUISH.....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	13A.	MOTHER	MOTHER
	Has _____ (MOTHER/FATHER/BOTH/OTHER) ever given him/her <u>extra</u> jobs at home, because of drinking (or taking drugs)?	1 2 3 4 5	1 2 3 4 5
	NO.....(SKIP TO Q.14).....1		
	DRINKING.....2		
	DRUGS.....3		
	BOTH.....4		
	CAN'T DISTINGUISH.....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. May I have some examples of what these extra jobs are?

RECORD: _____

		<u>EVER</u>	<u>NOW</u>
SARAH	14. When _____ (MOTHER/FATHER/BOTH/OTHER) has been drinking (or taking drugs), did he ever try to stay out of his/her way by going to another part of the house?	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
	NO.....1	1 2 3 4 5	1 2 3 4 5
	DRINKING.....2		
	DRUGS.....3		
	BOTH.....4		
	CAN'T DISTINGUISH.....5		

SARAH	15A. Has s/he ever left the house because of (MOTHER/FATHER/BOTH/OTHER) drinking or taking drugs?	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
	NO.....(SKIP TO Q.16).....1	1 2 3 4 5	1 2 3 4 5
	DRINKING.....2		
	DRUGS.....3		
	BOTH.....4		
	CAN'T DISTINGUISH.....5		

B. Where did s/he go?

(PROBE FOR FRIENDS, RELATIVES, PLACES WHERE TEENAGERS HANG OUT, LIKE ARCADES, FAST FOOD PLACES, MALLS, OTHER PLACES.)

INTERVIEWER ASK: WHAT DID S/HE DO WHEN S/HE WAS AT _____?

FOR EDITOR'S USE ONLY

HEALTHY = 1 ENVIRONMENT

UNHEALTHY = 5 ENVIRONMENT

()

RECORD: _____

C.	How often has this happened?	MOTHER	FATHER	OTHER
	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

			<u>EVER</u>		<u>NOW</u>	
SARAH	16.	Has s/he ever worried about _____ (MOTHER/ FATHER/BOTH/OTHER) drinking (or drug taking) when away from the house, like when in school?	MOTHER	1 2 3 4 5	MOTHER	1 2 3 4 5
			FATHER	1 2 3 4 5	FATHER	1 2 3 4 5
		NO.....1	OTHER	1 2 3 4 5	OTHER	1 2 3 4 5
		DRINKING.....2				
		DRUGS.....3				
		BOTH.....4				
		CAN'T DISTINGUISH.....5				

SARAH	17.	Has s/he ever gotten upset and nervous when he thought (MOTHER/FATHER/BOTH/ OTHER) was going to start drinking (or taking drugs), or perhaps, come home drunk (or on drugs)?	MOTHER	1 2 3 4 5	MOTHER	1 2 3 4 5
			FATHER	1 2 3 4 5	FATHER	1 2 3 4 5
		NO.....1	OTHER	1 2 3 4 5	OTHER	1 2 3 4 5
		DRINKING.....2				
		DRUGS.....3				
		BOTH.....4				
		CAN'T DISTINGUISH.....5				

SARAH	18.	Whenever (MOTHER/FATHER/BOTH/OTHER) has been drinking (or taking drugs), has s/he ever gone to(M/F/O) and asked them to stop?	MOTHER	1 2 3 4 5	MOTHER	1 2 3 4 5
			FATHER	1 2 3 4 5	FATHER	1 2 3 4 5
		NO.....1	OTHER	1 2 3 4 5	OTHER	1 2 3 4 5
		DRINKING.....2				
		DRUGS.....3				
		BOTH.....4				
		CAN'T DISTINGUISH.....5				

SARAH	19.	Has s/he ever told _____ (MOTHER/FATHER/BOTH/OTHER) they have been drinking too much, or that they should not be taking drugs?	MOTHER	1 2 3 4 5	MOTHER	1 2 3 4 5
			FATHER	1 2 3 4 5	FATHER	1 2 3 4 5
		NO.....1	OTHER	1 2 3 4 5	OTHER	1 2 3 4 5
		DRINKING.....2				
		DRUGS.....3				
		BOTH.....4				
		CAN'T DISTINGUISH.....5				

			<u>EVER</u>	<u>NOW</u>
SARAH	20.	Has s/he ever tried to be nicer than usual, extra good, hoping that this might stop (MOTHER/FATHER/BOTH/OTHER) from drinking (or taking drugs)?	MOTHER 1 2 3 4 5	MOTHER 1 2 3 4 5
		NO.....1	FATHER 1 2 3 4 5	FATHER 1 2 3 4 5
		DRINKING.....2	OTHER 1 2 3 4 5	OTHER 1 2 3 4 5
		DRUGS.....3		
		BOTH.....4		
		CAN'T DISTINGUISH.....5		

TIME ENDED:

____ : ____
 (-) (-)
 USE 24 HOUR CLOCK

CONDUCT DISORDER TALLY SHEET FOR SECTION E

DSM-III-R

E3.C Has twice stolen without confrontation of a victim _____

E3.F Has twice stolen by forgery _____

E4.B Has twice run away from home or at least once without returning _____

E5.C Often lies _____

E6.C Deliberately set fires _____

E7.B Often skips school _____

E8.B Often skips classes _____

E9.A Has broken into someone's house, building or car _____

E10.B Deliberately destroyed someone else's property _____

E11.C Has been physically cruel to animals _____

E12 Has forced someone to engage in sexual activity _____

E13.B Often starts physical fights _____

E14.B Has used a weapon in a fight 2 times or more _____

E15.A Has mugged someone _____

E16.B Has been physically cruel to someone _____

ALCOHOL TALLY SHEET FOR SECTION F

DSM-III-R

Any One

Realized that 3+ times...

- F10.A Drinking caused other people to tell them they drink too much
- F10.C Drinking caused them to get into physical fights
- F10.D Drinking caused them to lose friends
- F10.F Drinking caused them to keep to themselves and drink alone

Or

Any One

Continued to drink when alcohol...

- F13.A Made them feel depressed for more than 24 hours
- F13.B Caused problems with concentration for more than 24 hours
- F13.C Caused them to see or hear things that were not there for more than 24 hours

Or

Any One

- F14.B 3+ times drank knowing a physical condition would be made worse

- F14.D 3+ times mixed alcohol and drugs knowing it was dangerous

- F15.B 3+ times missed school, work, or couldn't do chores because of drinking

- F16 Grades went down

- F26.B 3+ times did dangerous things when high

- F27.B 3+ times accidentally got hurt when drinking

- F18 Quit school activity, job, or doing things with friends

- F19.A Increased tolerance by at least 50%

- F19.B Diminished affect

- F20.A 3+ times wanted to drink less

- F20.B 3+ times tried to drink less

- F21.B 3+ times drank more than intended

- F22.B 3+ times drank for longer time than intended

- F24 Col.II Substance often taken to relieve or avoid withdrawal symptoms

- F25.B Experienced withdrawal

- F28 Spent a lot of time getting alcohol, drinking, or trying to feel better afterwards

MARIJUANA TALLY SHEET FOR SECTION H

DSM-III-R

H4.A Increased tolerance by at least 50% _____
H4.B Diminished affect _____

H6.B Has 3+ times used more marijuana than intended _____
H7.B Has 3+ times used marijuana for a longer time than intended _____

H8.A 3+ times wanted to use less marijuana _____
H8.B 3+ times tried to use less marijuana _____

H9.A Quit school activity, job, or doing things with friends _____
H9.B Lost or gave up job _____

Any One

Realized 3+ times...

H10.A Marijuana use caused others to say they shouldn't use it _____
H10.B Marijuana use caused others to say that they use too much _____
H10.C Marijuana use caused them to keep to themselves and use marijuana alone _____

Or

Any One

Continued to use marijuana when...

H12.A Marijuana made them feel depressed for more than 24 hours _____
H12.B Marijuana made them feel suspicious for more than 24 hours _____
H12.C Marijuana caused problems with concentration for more than 24 hours _____
H12.D Marijuana caused them to see or hear things for more than 24 hours .. _____

Or

H13.B 3+ times used marijuana knowing a physical condition would be made worse _____

H14.B 3+ times missed school, work, or couldn't do chores because of using marijuana _____

H15 Grades went down _____

H16.B 3+ times did dangerous things when high from marijuana _____

H17.B 3+ times accidentally got hurt when high from using marijuana _____

H18 Col.II Substance often taken to relieve or avoid withdrawal symptoms _____

H19.B Experienced withdrawal _____

H20

Spent a lot of time getting marijuana, using marijuana, or trying to feel better afterwards



DRUG TALLY SHEET FOR SECTION I

DSM-III-R

I8.A Increased tolerance by at least 50% _____
I8.B Diminished affect _____

I9.A 3+ times wanted to use less marijuana _____
I9.B 3+ times tried to use less marijuana _____

I10.A Quit school activity, job, or doing things with friends _____

I11 Spent a lot of time getting drugs, using drugs, or trying to feel better afterwards _____

I12.B 3+ times wanted to use less drugs _____
I13.B 3+ times tried to use less drugs _____

I14 3+ times missed school, work, or couldn't do chores because of using drugs _____
I15 Grades went down _____
I16.B 3+ times did dangerous things when high from using drugs _____
I17.B 3+ times accidentally got hurt when using drugs _____

Any One

Realized 3+ times...

I18.A Drug use caused others to say they shouldn't use it _____
I18.B Drug use caused others to say that they use too much _____
I18.D Drug use caused them to keep to themselves and use drugs alone _____

Or

Any One

Continued to use drugs when...

I20.A Drugs made them feel depressed for more than 24 hours _____
I20.B Drugs made them feel suspicious for more than 24 hours _____
I20.C Drugs caused problems with concentration for more than 24 hours _____
I20.D Drugs caused them to see or hear things for more than 24 hours _____

Or

I21 3+ times used drugs knowing a physical condition would be made worse _____

I23 Substance often taken to relieve or avoid withdrawal symptoms _____
I24 Experienced withdrawal _____

**MAJOR AFFECTIVE DISORDER TALLY SHEET
FOR SECTION J**

CURRENT EPISODE	MOST SEVERE EPISODE
J3.B Down feelings _____	J7.B Down feelings _____
J3.C Finds things not fun or not interesting _____	J7.C Finds things not fun or not interesting _____
	J12.B Down feelings _____
	J12.C Finds things not fun or not interesting _____
J19.A Less hungry than usual _____	J19.A Less hungry than usual _____
J20.A Hungrier than usual _____	J20.A Hungrier than usual _____
J21.A Trouble falling asleep _____	J21.A Trouble falling asleep _____
J21.B Wakes up in middle of night _____	J21.B Wakes up in middle of night _____
J21.C Wakes up earlier in morning _____	J21.C Wakes up earlier in morning _____
J21.D Sleeps more than usual _____	J21.D Sleeps more than usual _____
J22 More restless _____	J22 More restless _____
J23 Physically slowed down _____	J23 Physically slowed down _____
J24 Tired, loss of energy _____	J24 Tired, loss of energy _____
J25 Feelings of worthlessness _____	J25 Feelings of worthlessness _____
J26 Excessive feelings of guilt _____	J26 Excessive feelings of guilt _____
J27.A Trouble concentrating _____	J27.A Trouble concentrating _____
J27.B Others observed trouble concentrating _____	J27.B Others observed trouble concentrating _____
J28.A Trouble making decisions _____	J28.A Trouble making decisions _____
J28.B Others observed trouble making decisions _____	J28.B Others observed trouble making decisions _____
J29.A Recurrent thoughts of death _____	J29.A Recurrent thoughts of death _____
J29.B Recurrent thoughts of death _____	J29.B Recurrent thoughts of death _____
J29.C Made a plan for suicide _____	J29.C Made a plan for suicide _____
J29.D Attempted suicide _____	J29.D Attempted suicide _____

5'6"			108	122	124	124	125	128	129
5'7"			111		128	130	131	133	133
5'8"			114		131	133	135	136	138
5'9"			117			135	137	138	140
5'10						136	138	140	142
5'11"						138	140	142	144
6'									
6'1"									

5'6"						118	119	122	125	128	122
5'7"						123	124	128	130	134	128
5'8"						127		134	134	137	134
5'9"						134		136	139	143	136
5'10"								143	144	145	143
5'11"								148	150	151	108
6'									153	155	
6'1"									157	160	
6'2"									160	164	
6'3"											
6'4"											

Adapted from K-SADS-E (H. Orvaschel and J. Puig-Antich, February, 1987).