

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

(C-SSAGA-C)

**CHILD VERSION
[FOR CHILDREN AGES 7-12]**

Developed by Members of the COGA Child Assessment Team

C-SSAGA-C

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

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:
()
PERSONAL INTERVIEW.....1
TELEPHONE INTERVIEW.....2

Introduction

I am going to ask you some questions about yourself. A lot of the questions ask about what you like to do and how you feel. I'd also like to ask you some questions about your family, your friends and about your school.

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

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

A: DEMOGRAPHICS

A1. Sex (OBSERVED)

MALE.....1
FEMALE.....2

A2. Race (OBSERVED AND ASKED)

CAUCASIAN.....1
BLACK.....2
HISPANIC.....3
ASIAN.....4
AMERICAN INDIAN..5
OTHER (SPECIFY)..6

A3. How old are you?

___/___ AGE

A4. When is your birthday?

___/___ ___/___ ___/___
MONTH DAY YEAR

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.

A5A. Are you still in a school? NO.....1
 YES.....5

B.

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

C. What grade are you in? ___ ___ GRADE

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

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

A6. How many people live in your home? ___ ___ PEOPLE

A7. Can you tell me who they are and how old they are? (DO NOT PRESS THE YOUNGER CHILDREN FOR AGES.)

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

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

A8. A. Do you have any brothers or sisters who live away from home? How many? NO.....1
 YES...(SPECIFY)...5

CODE NUMBER OF SIBLINGS.
IF NONE CODE 00.

___ ___ SIBS

RECORD: _____

A9A. Is your real (natural) father living with you? NO.....1
 YES...(SKIP TO A11A)...5

B. Could you tell me why it is that your real (natural) father isn't living with you now?
 SEPARATED.....1
 DIVORCED.....2
 DIED.(SKIP TO A11A)...3
 PARENTS NEVER MARRIED..4
 OTHER.....5

IF OTHER, RECORD: _____

A10A. Do you ever get to see your real father? NO..(SKIP TO A11A)....1
 YES.(CONTINUE).....5

B. How often do you see him?
 COUPLE OF TIMES A WEEK...(SKIP TO A11A).....1
 ONCE A WEEK.....(SKIP TO A11A).....2
 EVERY TWO WEEKS.....(SKIP TO A11A).....3
 ONCE A MONTH.....(SKIP TO A11A).....4
 HOLIDAYS ONLY.....(CONTINUE).....5
 ONCE A YEAR.....(SKIP TO A11A).....6
 LESS THAN ONCE A YEAR....(SKIP TO A11A).....7

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

98+ = 98

A11A. Is your real (natural) mother living with you? NO.....1
 YES...(SKIP TO A13).....5

B. Could you tell me why your real (natural) mother isn't living with you now?
 SEPARATED.....1
 DIVORCED.....2
 DIED.(SKIP TO A13).....3
 PARENTS NEVER MARRIED..4
 OTHER.....5

IF OTHER, RECORD: _____

A12A. Do you ever get to see your real mother? NO....(SKIP TO A13).....1
 YES...(CONTINUE).....5

B. How often do you get to see her?
 COUPLE OF TIMES A WEEK...1
 ONCE A WEEK.....2
 EVERY TWO WEEKS.....3
 ONCE A MONTH.....4
 HOLIDAYS ONLY.(CONTINUE).5
 ONCE A YEAR.....6
 LESS THAN ONCE A YEAR....7

C. About how many days a years do you get to see her? _____ DAYS

98+ = 98

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

A13. Have you had any sickness that you've had to see a doctor about? (For example, breathing problems, hearing problems, or problems with your eyes or your heart? Anything else like that?) NO.....1
 YES...(SPECIFY)....5

RECORD: _____

A14. Have you ever had to go to the hospital or the emergency room because you were sick or injured? NO.....1
 YES...(SPECIFY)....5

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

RECORD: _____

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

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

RECORD: _____

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

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

RECORD: _____

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

NO..(SKIP TO B1)....1
YES.....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 mind telling me who you talked to and what you talked about?

RECORD: _____

B: SCHOOL AND OTHER ACTIVITIES OUTSIDE THE HOME

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

B1. What are (were) your grades like in school?

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

B2A. Have your grades always been that way?
(Were your grades always that way?)
RECORD: _____

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

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

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

B3. What grade were you in when your grades were the best they've ever been?

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

RECORD: _____

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

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

3RD GRADE OF
HIGH MARKS

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

RECORD: _____

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

1ST GRADE OF
LOW MARKS

2ND GRADE OF
LOW MARKS

3RD GRADE OF
LOW MARKS

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

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

RECORD: _____

B. How many times have you been kept back in school?

____ TIMES

____ GRADE

C. Which grade(s) were you kept back in?

____ GRADE

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

____ GRADE

B6A. Have you ever skipped a grade?

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

B. How many times have you skipped a grade?

____ TIMES

C. Which grade(s) did you skip?

____ GRADE

____ GRADE

____ GRADE

B7. Have you ever been in a special group for kids who are doing very well in school — the top reading group, or math class, or some kind of gifted program? NO.....1
 YES.....5

RECORD: _____

B8A. Do you play any sports like hockey, baseball, basketball, or soccer? Do you skate or swim? Anything else? NO.....1
 YES.....5

INTERVIEWER: AEROBIC EXERCISES
 COUNT AS A SPORT.

RECORD: _____

B. Have you ever been on a team, or are you on a team now? NO....(SKIP TO B9A)....1
 ON TEAM.(SKIP TO B8D)..2
 ON TEAM IN PAST ONLY...3

RECORD TEAMS: _____

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

D. How much time do/did you spend (NAME of SPORT(S)) 1-4 HOURS.....1
 5-9 HOURS.....2
 10+ HOURS.....3

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

B9A. Is there anything else that you do after school? For example, are you in the school band, do you sing in a choir at school or church, or belong to the (BOY/GIRL) scouts? Anything else? NO...(SKIP TO B10A)....1
 YES.....5

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

B. How much time do you spend in after school activities? 1-4 HOURS.....1
 5-9 HOURS.....2
 10+ HOURS.....3

B10A. Do you work part time, like raking leaves, baby sitting, or delivering newspapers? NO...(SKIP TO B11)....1
 YES.....5

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

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

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

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

RECORD: _____

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

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

B. How many days a week do you spend there before school? _____ DAYS

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

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

D. How many days a week do you spend there after school? _____ DAYS

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

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

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

B. Tell me about it.

NOTE TO INTERVIEWER: RECORD ALL EVENTS WITH AGES.

RECORD: _____

C. Was that very important for you, or not a big deal, or somewhere in between?

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

C: ATTENTION DEFICIT - HYPERACTIVITY DISORDER

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

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

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

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

			<u>LIFETIME</u>	<u>NOW</u>
ADHD3RA1	C1.	Have there often been times when other people were always telling you to sit still or to stop moving or squirming about in your seat?	NO...1 YES..5	NO...1 YES..5
		(EXAMPLE: WERE YOU WIGGLING IN YOUR SEAT, PLAYING WITH YOUR HANDS AND FINGERS -- JUST NEVER ABLE TO SIT STILL?)		

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

ADHD3RA2	C2.	Have there been times when you had a lot of trouble staying in your seat in school? Were you always getting up and walking around the classroom? Was it hard to sit through dinner without getting up?	NO...1 YES..5	NO...1 YES..5
		(EXAMPLE: WAS THE TEACHER ALWAYS TELLING YOU TO STAY IN YOUR SEAT OR GO SIT DOWN?)		

[IS IN AND OUT OF SEAT]

ADHD3RA3	C3.	Have you often had a hard time getting your work done when something else was going on in the same room?	NO...1 YES..5	NO...1 YES..5
		(EXAMPLE: WHEN OTHER KIDS TALKED IN CLASS, WOULD YOU LISTEN TO THEM INSTEAD OF DOING YOUR WORK OR LISTENING TO THE TEACHER -- OR -- IF YOU HEAR NOISES FROM OUTSIDE WOULD YOU LISTEN TO THAT INSTEAD?)		

[IS EASILY DISTRACTED BY EXTRANEOUS STIMULI]

			<u>LIFETIME</u>	<u>NOW</u>
ADHD3RA4	C4.	Have there been times when you found it really hard to wait your turn when you were playing with other children, or waiting in line?	NO...1 YES..5	NO...1 YES..5

(EXAMPLE: WOULD YOU GET BORED AND START CLOWNING AROUND OR PUSHING AHEAD IN LINE? DID YOU HAVE TROUBLE LINING UP TO SEE A MOVIE, OR LINING UP FOR CLASS?)

[HAS DIFFICULTY WAITING TURN IN GAMES OR GROUP SITUATIONS]

ADHD3RA5	C5.	Have there been times when people like your teacher or parents said that you started answering a question before they finished asking it?	NO...1 YES..5	NO...1 YES..5
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(EXAMPLE: DID THEY TELL YOU TO WAIT UNTIL THEY WERE FINISHED TALKING BEFORE YOU SAID SOMETHING?)

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

ADHD3RA6	C6.	Have you had a lot of problems because, even after the teacher explained a lesson to you or your mother explained how to do something, you somehow forgot what you were supposed to do?	NO...1 YES..5	NO...1 YES..5
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(EXAMPLE: WOULD YOU HAVE DONE IT IF YOU HAD REMEMBERED? DID PEOPLE SAY TO YOU THAT THINGS GO IN ONE EAR AND OUT THE OTHER?)

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

ADHD3RA7	C7A.	Have there been a lot of times when you just started daydreaming or thinking about something else when you were doing work at school or home?	NO...1 YES..5	NO...1 YES..5
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(EXAMPLE: DID THE TEACHER TELL YOU THAT YOU WEREN'T PAYING ATTENTION TO YOUR WORK?)

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

ADHD3RA7	B.	Have you had problems when you've been playing games with other kids, because you had a lot of trouble paying attention to the rules or remembering whose turn it was?	NO...1 YES..5	NO...1 YES..5
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(EXAMPLE: DID THE OTHER KIDS GET MAD AT YOU FOR IT?)

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

			<u>LIFETIME</u>	<u>NOW</u>
ADHD3RA8	C8.	Have there been times when you started doing one thing, and then changed to something else, without finishing what you were doing?	NO...1 YES..5	NO...1 YES..5
		(EXAMPLE: DID YOU LEAVE THINGS UNFINISHED A LOT OF THE TIME, LIKE GAMES OR PUZZLES?)		

[OFTEN SHIFTS FROM ONE UNCOMPLETED ACTIVITY TO ANOTHER]

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

[HAS DIFFICULTY PLAYING QUIETLY]

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

[OFTEN TALKS EXCESSIVELY]

ADHD3RA11	C11.	Has there been a time when the teacher or the other kids often said that you jumped in and started talking when they were busy doing something or when they were talking to someone else? Did other kids say that you butted into their games?	NO...1 YES..5	NO...1 YES..5
		(EXAMPLE: DID THE OTHER KIDS GET MAD AT YOU BECAUSE THEY SAID THAT YOU JUMPED INTO WHATEVER THEY WERE DOING?)		

[OFTEN INTERRUPTS OR INTRUDES ON OTHERS]

ADHD3RA12	C12.	Has there been a time when your parents or teachers told you that you weren't really listening to them? Did they say that they had to tell you the same thing over and over?	NO...1 YES..5	NO...1 YES..5
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[OFTEN DOES NOT SEEM TO LISTEN TO WHAT IS BEING SAID TO HIM OR HER]

LIFETIME NOW

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

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

ADHD3RA14	C14.	Have other people often gotten really upset with you for doing dangerous things, like running out into the street without looking?	NO...1 YES..5	NO...1 YES..5
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(EXAMPLE: WHAT ABOUT CLIMBING UP ON THINGS THAT ARE DANGEROUS? RIDING YOUR 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.16.
IF 4 OR MORE 5'S, CONTINUE.**

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

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

[ONSET BEFORE AGE OF SEVEN]

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

C.	How old were you then?	___	___	YEARS
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ADHD3RA C15D.

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

[SYMPTOMS OCCURRED AT THE SAME TIME]

ADHD3RA E.

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

[SYMPTOMS LASTED FOR AT LEAST 6 MONTHS]

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- C16. A. Did your Mom (or Dad) ever take you to a doctor or someone like that because you were having problems like the ones we've been talking about?
 - NO...(SKIP TO D1)...1
 - YES.....5
 - B. What did (PERSON CHILD SAW) do?
 - GIVE MEDICINE.....1
 - TALK ABOUT PROBLEM..(SKIP TO C18)..2
 - BOTH.....3
 - OTHER...(SKIP TO C19).....4

RECORD: _____

-
- C17. A. Do you know the name of the medicine?
 - NO.....1
 - YES...(SPECIFY).....5
 - RECORD: _____

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

IF Q.C16B = 3, CONTINUE. OTHERS SKIP TO <u>OPPOSITIONAL DISORDER</u> , Q.D1, P.16.
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- C18. Did talking with this person help you with your problems?
 - NO.....1
 - YES.....5

SKIP TO <u>OPPOSITIONAL DISORDER</u> , Q.D1, P.16.
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- C19. Did (ANSWER IN C16B)) help?
 - NO.....1
 - YES.....5
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D: OPPOSITIONAL DISORDER

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

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

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

[OFTEN LOSES TEMPER]

ODD3RA2 D2A. Do you get into lots of arguments with your NO..(SKIP TO D3A)..1
parents, your teachers or other adults? YES....(SPECIFY)...5
B. With whom do you argue a lot?
RECORD: _____

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

[OFTEN ACTIVELY DEFIES OR REFUSES ADULT REQUESTS OR RULES]

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

ODD3RA4 D4. Do people say that you always do things on NO.....1
purpose to annoy or bug them? For example, YES.....5
acting silly when other people don't want you to?
(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).

[OFTEN DELIBERATELY DOES THINGS THAT ANNOY OTHER PEOPLE]

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

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

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

[OFTEN BLAMES OTHERS FOR HIS OR HER OWN MISTAKES]

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

ODD3RA6 D6. Have you often felt that people bug you or get on your nerves a lot? NO.....1 YES.....5

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

DO NOT COUNT SIBLINGS.

[OFTEN TOUCHY OR EASILY ANNOYED BY OTHERS]

ODD3RA7 D7. Do you get angry or irritated with people a lot of the time? Do you get angry with your parents, teachers, or friends? NO.....1 YES.....5

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

DO NOT COUNT SIBLINGS.

[IS OFTEN ANGRY AND RESENTFUL]

ODD3RA8 D8. Whenever someone has done something unfair to you, do you often try to get back at them in some spiteful way, for example, by saying mean things to them or about them? NO.....1 YES.....5

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

[IS OFTEN SPITEFUL OR VINDICTIVE]

ODD3RA9 D9. Do you usually swear a lot or use curse words in situations where you really shouldn't? NO.....1
 YES.....5

[OFTEN SWEARS OR USES OBSCENE LANGUAGE]

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

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

ODD3RA B. When was the last time you had any problems like this? Was it...
 WITHIN THE PAST TWO WEEKS...1
 WITHIN THE PAST MONTH.....2
 WITHIN THE PAST SIX MONTHS...3
 WITHIN THE PAST YEAR.....4
 OVER A YEAR AGO.....5

IF OVER A YEAR AGO, ASK:

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

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

ODD3RA D. NOTE TO INTERVIEWER: NO.....1
 DO THESE PROBLEMS CLUSTER? YES.....5
 DID MOST OF THEM HAPPEN IN THE SAME GRADE?
 IF CLUSTERING IS NOT CLEAR FROM CHILD'S ANSWERS, PROBE. OTHERWISE CODE WITHOUT ASKING.

[SYMPTOMS OCCURRED AT THE SAME TIME]

ODD3RA E. NOTE TO INTERVIEWER:
 DID THESE PROBLEMS LAST 6 MONTHS OR LONGER? NO.....1
 WHAT GRADE(S) DID THEY HAPPEN IN? YES..(SPECIFY)...5
 IF NOT CLEAR FROM INFORMATION OBTAINED SO FAR, PROBE. OTHERWISE CODE WITHOUT ASKING.

RECORD: _____

[SYMPTOMS LASTED FOR AT LEAST 6 MONTHS]

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

E: CONDUCT DISORDER

SCORE SECTION AND USE TALLY SHEET E.

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

E1A. Have you ever been suspended from school? NO..(SKIP TO E2A)..1
YES.....5

NOTE TO INTERVIEWER: IN-SCHOOL
SUSPENSIONS COUNT.

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

REMINDER: 98+ = 98

IF DK ASK C.

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

Can you tell me why you were suspended?

RECORD: _____

E2A. Have you ever been expelled from school (kicked out for the rest of the year)? NO..(SKIP TO E3A)..1
YES.....5

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

IF DK ASK C.

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

D. Can you tell me why you were expelled?

RECORD: _____

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

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

RECORD: _____

B. Have you ever stolen anything else besides money from someone's purse or by shoplifting? For example, did you ever take anything from somebody at school?

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

(EXAMPLE: LIPSTICKS, MAGAZINES, CLOTHES, JEWELRY, CDs. DID YOU EVER SWIPE ANYTHING FROM SOMEBODY'S LOCKER, OR THEIR DESK?)

RECORD: _____

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

CD3RA1 C. How many times have you stolen things altogether? _____ TIMES

IF DK ASK D.

D. Was it...

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

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

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

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

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]

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

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

IF OVER A YEAR AGO, ASK:

J. How old were you then? _____ YEARS

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

DESCRIBE: _____

CD3RA2 B. How many times have you 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

D. Did you go back home after you ran away? NO.....1
 YES.....5

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

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

IF OVER A YEAR AGO, ASK:

G. How old were you then? _____ YEARS

E5A. Of course everybody tells lies or makes up stories once in a while. I'd like to ask if you lie or make up stories a lot? NO.....1
YES.....5

(EXAMPLE: LIKE TELLING THE TEACHER YOU LOST YOUR HOMEWORK WHEN YOU REALLY JUST DIDN'T DO IT, OR TELLING YOUR PARENTS YOU WERE ONE PLACE WHEN YOU WERE REALLY SOMEPLACE ELSE.)

B. Do you get into trouble a lot because people say you're lying? (Do your teachers/friends/parents get upset with you because they think you're lying?) NO.....1
YES.....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 (you lie/people say you're lying)?

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

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

RECORD: _____

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

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

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

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

IF OVER A YEAR AGO, ASK:

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

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

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

RECORD: _____

C.

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

**ACCIDENTAL....(SKIP TO E7A).....1
SOME ACCIDENTAL/SOME DELIBERATE..2
DELIBERATE.....3**

[HAS DELIBERATELY ENGAGED IN FIRE-SETTING]

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

IF DK ASK E.

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

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

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

IF OVER A YEAR AGO, ASK:

H. How old were you then? _____ YEARS

E7A. Have you ever skipped school (PLAYED HOOKEY/
TAKEN A DAY OFF FROM SCHOOL WITHOUT
PERMISSION)? NO...(SKIP TO E8A)..1
YES.....5

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

IF DK ASK C.

[IS OFTEN TRUANT FROM SCHOOL]

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

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

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

IF OVER A YEAR AGO, ASK:

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

E8A. How about cutting classes—have you cut
classes? NO..(SKIP TO E9A)..1
YES.....5

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

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

IF DK ASK C.

[IS OFTEN TRUANT FROM SCHOOL]

C. Was it... 1 DAY.....1
2 DAYS.....2
3 OR MORE DAYS.....3

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

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

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

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

| IF OVER A YEAR AGO, ASK: |

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

CD3RA6 E9A. Have you ever broken into somebody else's house, building, or car? NO..(SKIP TO E10A).1
YES.....5

B. How many times have you done that? _____ TIMES

| IF DK ASK C. |

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

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

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

| IF OVER A YEAR AGO, ASK: |

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

E10A. Have you ever wrecked or destroyed someone else's property on purpose? NO..(SKIP TO E11A)..1 YES..(SPECIFY).....5

(HERE ARE SOME EXAMPLES:

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

B. What happened?

RECORD: _____

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

ACCIDENTAL.....(SKIP TO E11A)....1
SOME ACCIDENTAL/SOME DELIBERATE...2
DELIBERATE.....3

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

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

REMINDER: 98+ = 98

IF DK ASK D.

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

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

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

IF OVER A YEAR AGO, ASK:

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

E11A. Have you ever hurt or killed an animal like a cat, a dog, or a pet like a bird, a gerbil, or a hamster?

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

(EXAMPLE: HAVE YOU BEEN VERY CRUEL TO A LARGER ANIMAL LIKE A HORSE OR COW?)

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

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

RECORD: _____

C.

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

[IS PHYSICALLY CRUEL TO ANIMALS]

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

IF DK ASK E.

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

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

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

IF OVER A YEAR AGO, ASK:

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

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

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

RECORD WHATEVER CHILD VOLUNTEERS: _____

CD3RA11 E13A. Have you ever been in fights with other kids, not just screaming or arguing, but fights where you hit one another? NO....(SKIP TO E15A)....1
 YES.....5

CD3RA11 B. How many times have you 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
 1 TIME.....1
 2 TIMES.....2
 3-5 TIMES.....3
 6-10 TIMES.....4
 11+ TIMES.....5

IF C=0 SKIP TO Q.E14A.

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

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

IF OVER A YEAR AGO, ASK:

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

E14A. No matter who started the fight, have you ever used other things besides your hands like sticks, rocks, or sharp objects when you've been fighting? (Did you ever use a knife or a gun?)

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

RECORD: _____

CD3RA10 B. How many times have you used other things besides your hands in a fight? _____ TIMES

| IF DK ASK C. |

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

[USED A WEAPON IN MORE THAN ONE FIGHT]

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

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

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

| IF OVER A YEAR AGO, ASK: |

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

CD3RA12 E15A. Have you ever mugged someone (held them up with a gun or knife) or snatched their purse? NO.(SKIP TO E16A)..1
 YES.....5
 Have you ever bullied another kid until he gave you something; like something he owned, or his lunch money?

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

| IF DK ASK C. |

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

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

E15E. When was the last time? Was it...

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

IF OVER A YEAR AGO, ASK:

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

E16A. Have you done anything on purpose to hurt another person or to cause them physical pain – not when fighting, but some other time?

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

(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?)

B. What did you actually do?

RECORD: _____

C.

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

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

[HAS BEEN PHYSICALLY CRUEL TO PEOPLE]

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

IF DK ASK E.

E. Was it...

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

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

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

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

IF OVER A YEAR AGO, ASK:

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

E17A. Have you ever been in trouble with the police? NO.(SKIP TO E17B).1
 YES..(SPECIFY)....5

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

RECORD: _____

B. Have you ever appeared in juvenile court? NO.....1
 YES..(SPECIFY).....5

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.

C. How many times have you 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
 2 TIMES.....2
 3-5 TIMES.....3
 6-10 TIMES.....4
 11+ TIMES.....5

E. How old were you the first time you 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
 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:

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

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

CD3RA E18A.

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

[SYMPTOMS OCCURRED AT SAME TIME]

CD3RA B.

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

RECORD: _____

[SYMPTOMS LASTED AT LEAST 6 MONTHS]

F: ALCOHOL

CODE SECTION AND USE TALLY SHEET F.

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

F1. Have you ever taken a drink of beer, wine, wine coolers, hard liquor (like gin, scotch or vodka) or any other kind of drink with alcohol in it?

NO.....1
YES..(SKIP TO F3A).5

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

F2. So you've never had even one drink of alcohol?

NEVER HAD A DRINK..(SKIP TO G1A, P.46)..1
HAD A DRINK.....5

F3A. How old were you when you had your very first drink? _____ YEARS

B. When was the last time you had a drink?

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

C. How old were you then? _____ YEARS

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

| [CODE IN COL.A] |

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

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

| [CODE IN COL.B] |

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

C. How many drinks of alcohol have you had?

___/___/___
DRINKS

IF 6 OR FEWER, SKIP TO G1A.
IF 7 OR MORE, SKIP TO F5A.
IF -01, ASK F5A, THEN SKIP TO G1A.

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

D. Was it...

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

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

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

- F6. We're interested in learning about how people your age use alcohol. For example, we'd like to know what you drink, how much you drink and how often you drink.
 - A. Has there ever been a time when you drank once or twice a week for at least 2 months? NO..(SKIP TO F7A)...1
YES.....5
(PROBE: MAYBE EVERY WEEKEND?)
 - B. How old were you when you first started drinking once or twice a week for at least 2 months? ___/___ YEARS

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

- C. When was the last time you drank once or twice a week for at least 2 months? Was it...
 - WITHIN THE PAST TWO WEEKS...1
 - WITHIN THE PAST MONTH.....2
 - WITHIN THE PAST SIX MONTHS..3
 - WITHIN THE PAST YEAR.....4
 - OVER A YEAR AGO.....5

IF OVER A YEAR AGO, ASK:

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

- F7A. Was there ever a time when you drank every day or nearly every day for two weeks? NO...(SKIP TO F8A)..1
YES.....5
- B. How many drinks would you have in one day? ___/___ DRINKS
- C. When you drank this much were you able to do things the same as when you had not been drinking? NO.....1
YES.....5
- D. How old were you when you first started to drink every day or nearly every day for 2 weeks? ___/___ YEARS
- E. When was the last time you drank every day or nearly every day for 2 weeks? Was it...
 - WITHIN THE PAST TWO WEEKS...1
 - WITHIN THE PAST MONTH.....2
 - WITHIN THE PAST SIX MONTHS..3
 - WITHIN THE PAST YEAR.....4
 - OVER A YEAR AGO.....5

IF OVER A YEAR AGO, ASK:

- F. How old were you the last time you were drinking every day, or nearly every day for 2 weeks? ___/___ YEARS

F8A. Let's talk about last week. Did you have anything to drink with alcohol in it during last week?

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

B. I'd like to know how many alcoholic drinks you had each day last week, and how long it took you to drink them.

Today is _____. Let's begin with yesterday.

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

| CODE IN COL. I. |

| THEN ASK: |

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

| CODE IN MINUTES IN COL. II. |

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

	<u>Beer/Lite Beer</u>		<u>Coolers</u>		<u>Wine</u>		<u>Liquor</u>		<u>Other</u>	
	I # Dr	II Time	I # Dr	II Time	I # Dr	II Time	I # Dr	II Time	I # Dr	II Time
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.

- F9A. Would you say that your (drinking/not drinking) in the last week was about the same way as you've been drinking since (6 months ago) (REFER TO TIME MARKER). NO.....1
YES.....5
- B. I'd like to know the number of alcoholic drinks that you usually have in a week when you have been drinking. Think about a week since (REPEAT TIME MARKER) that was like the way you usually drink. Let's start on the weekend. On a usual Friday night, how many (beers, coolers, etc.) would you have?

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

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

| **CODE IN COL. I.** |

| **THEN ASK:** |

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

| **CODE IN MINUTES IN COL. II.** |

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

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

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

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

(PROBE: SHOUTED OR YELLED AT THEM?)

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

(PROBE: SHOVED OR HIT THEM?)

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

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

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

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

AD3RA6

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

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

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

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

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

F13. When you were drinking alcohol, did any of the following things happen to you?

- A. Were there times when you felt really depressed or not interested in things for more than a day (24 hours)? NO.....1 YES.....5
- B. Were there times when you had trouble keeping your mind on things or thinking clearly for more than a day (24 hours)? NO.....1 YES.....5
- C. Were there times when you saw or heard things that weren't really there for more than a day (24 hours)? NO.....1 YES.....5

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

AD3RA6

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

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

F14A. Were there times when you drank even though you knew that you had a sickness or problem with your health that might get worse from drinking? NO..(SKIP TO F14C)..1 YES..(SPECIFY).....5

RECORD: _____

IF YES, CONTINUE. OTHERS SKIP TO Q.F14C.

AD3RA6

- B. Did this happen 3 or more times? NO.....1 YES.....5
- C. Were there times when you used alcohol while taking medicines or other drugs you knew were dangerous to mix with alcohol? NO..(SKIP TO F15A)..1 YES.(SPECIFY).....5

RECORD DRUGS: _____

AD3RA4

- D. Did this happen 3 or more times? NO.....1 YES.....5

F15A. Have you ever missed any school because you had been drinking and it made you too sick to go? Or have you ever been unable to do your chores at home because of drinking?

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

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

AD3RA4 B. Has that happened 3 or more times?

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

AD3RA4 F16. When you were drinking did your grades go down?

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

F17A. Have you ever been drunk all day for a couple of days or more without sobering up?

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

B. Has that happened 3 or more times?

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

AD3RA5 F18. Have you ever stopped doing things after school, or stopped doing things with your friends because of your drinking?

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

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

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

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

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

F20A.	Have you often wanted to cut back on how much you usually drink?	NO...(SKIP TO F20C)..1
		YES.....5

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

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

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

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

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

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

F23A.	Have you ever needed to take a drink before going out -- say to a party, or going to drink with your friends?	NO...(SKIP TO F24)...1	
		YES.....5	
	B.	Have you done that 3 or more times?	NO.....1
			YES.....5

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

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

| CODE IN COLUMN I, |

| IF COLUMN I CODED 5, ASK: |

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

[SUBSTANCE OFTEN TAKEN TO RELIEVE OR AVOID WITHDRAWAL SYMPTOMS]

| CODE IN COLUMN II, |

		<u>COL. I</u>		<u>COL. II</u>	
		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
AD3RA4	A. Did you ever have the shakes (your hands trembled and it was hard to hold anything without dropping it)?	1	5	1	5
	B. Did you have trouble sleeping?	1	5	1	5
	C. Did you feel worried or depressed?	1	5	1	5
	D. Did you begin to sweat?	1	5	1	5
	E. Did your heart beat faster?	1	5	1	5
	F. Did you see or hear things that weren't really there?	1	5	1	5
	G. Did you feel sick to your stomach or did you throw up?	1	5	1	5
	H. Did your body feel weak?	1	5	1	5
	I. Did you have headaches?	1	5	1	5
	J. Did anything else happen to you?	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. Have you 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.

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

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

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

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

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

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

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

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

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

IF OVER A YEAR AGO, ASK:

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

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

F30A.

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

AD3RB

B.

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

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

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

F32A. Have you ever been in treatment for drinking? NO.(SKIP TO G1A).1 YES...(SPECIFY)..5

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

RECORD: _____

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

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

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

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

D. How old were you then? ___/___YEARS

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

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

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

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

G: CIGARETTE SMOKING

G1A. Have you ever smoked cigarettes? NO.....1
 YES.....5

B. Have you ever chewed tobacco or used snuff? NO.....1
 YES.....5

**IF NO TO BOTH G1A AND B, SKIP TO MARIJUANA,
 Q.H1A. P.47. IF YES TO EITHER CONTINUE.**

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

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

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

IF OVER A YEAR AGO, ASK:

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

H: MARIJUANA

CODE SECTION AND USE TALLY SHEET H.

- H1A. Have you ever used marijuana or hashish? NO...(SKIP TO I1A)...1
YES.....5
- B. How old were you when you first used marijuana? ___/___ YEARS
- C. When was the last time you used it? Was it... WITHIN THE PAST TWO WEEKS...1
WITHIN THE PAST MONTH.....2
WITHIN THE PAST SIX MONTHS...3
WITHIN THE PAST YEAR.....4
OVER A YEAR AGO.....5

| IF OVER A YEAR AGO, ASK: |

- D. How old were you the last time you used marijuana? ___/___ YEARS
- E. How many times have you used marijuana? ___/___/___ TIMES

| IF DK, ASK F. |

- F. Have you used marijuana... 6 OR LESS TIMES...
(SKIP TO I1A).....0
7 OR MORE TIMES?...1
11 OR MORE TIMES?...2
20 OR MORE TIMES?...3
40 OR MORE TIMES?...4

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

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

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

98 = 98 + WEEKS |

DD3RA7 H4A. Did you often feel like you had to use more
and more marijuana in order to get high? For
example, did you used to have 2 joints or
hits to feel differently, but now you need 3
joints or hits to feel the same way? NO.....1
YES.....5

B. Have you ever felt like you couldn't get high
when you used the same amount of marijuana
that you used to? NO.....1
YES.....5

H5. Have you ever stayed high from marijuana for
a whole day (or night)? NO.....1
YES.....5

DD3RA1 H6A. Have you ever had the experience of using
more marijuana than you intended to? NO..(SKIP TO H7A)...1
YES.....5

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

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

DD3RA1 H7A. Have you ever used marijuana for a longer
period of time than you intended to -- say --
all day or all night? NO.....1
YES.....5

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

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

H8A. Have you often wanted to use less marijuana? NO.(GO TO C).....1
YES.(GO TO B).....5

B. Have you often tried to use less marijuana
and couldn't do it? NO.....1
YES.....5

IF NO TO H8A, SKIP TO H8C

DD3RA2 C. Has that happened 3 or more times? NO..(GO TO C).....1
YES.(GO TO C).....5

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

B. OMITTED.

H10A. Have there been times when people told you that you shouldn't be using marijuana? NO.....1
YES.....5

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

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

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

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

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

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

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

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

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

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

- A. Were there times when you felt really depressed or not interested in things for more than a day (24 hours)? NO.....1 YES.....5
- B. Were there times when you felt very suspicious for more than a day (24 hours) after using marijuana -- like thinking people were doing things behind your back without telling you; -- that they were leaving you out? (Was this different from the way you usually feel?) NO.....1 YES.....5

ONLY RECORD BIZARRE DELUSIONS, NOT IF IT REALLY HAPPENS.

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

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

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

DD3RA6

- F. Did you keep on using marijuana anyway? NO.....1 YES.....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 you used marijuana even though you knew that you had a physical illness that you knew might be made worse by using marijuana? NO..(SKIP TO H14A)..1 YES.....5

DD3RA6

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

	H14A. Have you ever missed part of a day or a whole day of school because you had used marijuana and you were too sick to go? Or have you ever been unable to do your chores at home because of using marijuana?	NO..(SKIP TO H15)...1 YES.....5
DD3RA4	B. Has that happened 3 or more times?	NO.....1 YES.....5
DD3RA4	H15. When you were using marijuana did your grades go down?	NO.....1 YES.....5
	H16A. When you've been high from using marijuana, have you ever done anything that might have gotten you hurt, for example like riding your bike, or skateboard, or do anything else that could be dangerous, like climbing on something, crossing against traffic, or swimming?	NO..(SKIP TO H17A)..1 YES.....5
DD3RA4	B. Has that happened 3 or more times?	NO.....1 YES.....5
	H17A. Have you ever accidently gotten badly hurt when you were using marijuana, like did you have a bad fall, burn yourself, or get hurt in a traffic accident?	NO..(SKIP TO H18)...1 YES.....5
DD3RA4	B. Has that happened 3 or more times?	NO.....1 YES.....5

DD3RA3 H20. Have you ever felt that you spent a lot of time getting marijuana, using marijuana, or trying to feel better from using marijuana? NO.....1
YES.....5

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

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

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

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

IF OVER A YEAR AGO, ASK:

C. How old were you the last time you 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
 DID MOST OF THEM HAPPEN IN THE SAME GRADE? YES.....5
 IF CLUSTERING IS NOT CLEAR FROM CHILD'S ANSWERS, PROBE. OTHERWISE CODE WITHOUT ASKING.

DD3RB

B.

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

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

I: STREET DRUGS

CODE SECTION AND USE TALLY SHEET I.

	<u>NO</u>	<u>YES</u>
I1. Have you 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. Have you taken any other drugs in order to get high that weren't given to you by a doctor? (PROBE: LIKE GETTING VALIUM OR SLEEPING PILLS FROM A FRIEND, OR SWIPING SOME FROM YOUR PARENTS' PRESCRIPTION?)	1	5
I3. Have you taken drugs prescribed for you by a doctor in order to get high?	1	5
I4. Have you ever taken medicine you can buy from the shelves at the drug store in order to get high (for example, Dexatrim, cough syrup)?	1	5
RECORD ALL "DRUGS": _____		

<p>IF NO TO QS.I1-4, SKIP TO <u>AFFECTIVE DISORDER</u>, P.65. OTHERS CONTINUE.</p>
--

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

	<u>COC</u>	<u>SPD</u>	<u>OP</u>	<u>HAL</u>	<u>DWN</u>	<u>OTH</u>	
I5A. How old were you the first time you took (DRUG)?	___/___	___/___	___/___	___/___	___/___	___/___	YEARS

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

Was it...	<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>
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:

	<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>	
C. How old were you the last time you took (DRUG)?	___/___	___/___	___/___	___/___	___/___	___/___	YEARS

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

IF DK, ASK B. IF DRUG TAKEN 6 OR LESS TIMES, SKIP TO J1.
IF DRUG TAKEN 7 OR MORE TIMES, SKIP TO 17A.

- 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 you take (NAME DRUG)...

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

	1	2	3	4	5	6
	COC	SPD	OP	HAL	DWN	OTH
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 FEWER TIMES, SKIP TO MAJOR AFFECTIVE DISORDER, Q.J1, P.65.
IF ANY DRUGS USED 7 OR MORE TIMES, CONTINUE FOR THOSE DRUGS.

I7A. Have you 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 you were using _____(NAME DRUGS) every day or nearly every day, were you still able to do things as well as when you had not been using it?	NO YES	1 5	1 5	1 5	1 5	1 5
DD3RA7	I8A.	Has there ever been a time when you found that you were taking more and more _____(NAME DRUGS) to feel the effect?	NO YES	1 5	1 5	1 5	1 5	1 5
	B.	Have you ever found that you couldn't get high when you used the same amount of _____(NAME DRUG) that you used to?	NO YES	1 5	1 5	1 5	1 5	1 5
DD3RA2	I9A.	Have you often wanted to use less of _____(NAME DRUGS)? IF NO, GO TO C. IF YES, GO TO B	NO YES	1 5	1 5	1 5	1 5	1 5
	B.	Have you tried to use less of _____(NAME DRUGS) and found that you couldn't do it? GO TO I10.	NO YES	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 that happened 3 or more times? GO TO C.	NO YES	1 5	1 5	1 5	1 5	1 5
DD3RA5	I10.	Have you stopped doing things after school, or stopped doing things with your friends because of using _____(NAME DRUGS)?	NO YES	1 5	1 5	1 5	1 5	1 5
DD3RA3	I11.	Have you ever felt that you spent a lot of time getting _____(NAME DRUGS), taking _____(NAME DRUGS), or trying to feel better after taking _____(NAME DRUGS)?	NO YES	1 5	1 5	1 5	1 5	1 5

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

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

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

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

DD3RA1	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.	Have you ever had the experience of using (NAME DRUGS) for a longer period of time than you intended?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5

(PROBE: DID YOU MEAN TO STOP AFTER A WHILE, BUT YOU FORGOT AND KEPT ON USING IT?)

| 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.	Have you ever missed part of a day or a whole day of school because you had used (NAME DRUG) and were too sick to go? Have you ever been unable to do your 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

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

			<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>
DD3RA4	I15.	Were you using (NAME DRUGS) so much that your 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 you've been high from using (NAME DRUGS), have you often done things that might have gotten you hurt; for example, did you ever ride your bike or skateboard, 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 you were high from using (NAME DRUGS) have you ever accidentally gotten badly hurt? Did you ever have a bad fall, burn yourself, 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.	Have there been times when people have told you that you shouldn't be 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 your friends told you that they thought you 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 you found that you were staying away from everyone and just using (NAME DRUGS) on your 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 you realize that using (NAME DRUGS) was causing you 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 you found that all your friends were other kids who used (NAME DRUGS)?	NO 1	1	1	1	1	1
		YES 5	5	5	5	5	5

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

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

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

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

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

IF YES CONTINUE. OTHERS SKIP TO Q.I21.

DD3RA6	F.	Did you keep on 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 you kept on using drugs even though you knew that you had a sickness or problem with your health that might be made worse from using drugs?	NO 1	1	1	1	1
			YES 5	5	5	5	5

DD3RA8

I22. Did you ever stop or use less (NAME DRUGS) and find that you had any of the following things happen to you?

		<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 your appetite, i.e. got hungrier or lost your appetite?	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5
E. Did your hands shake so that it was hard to hold things?	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5
F. Sweat or have a fever?	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5
G. Feel sick to your 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 your 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 your heart racing?	NO				1	1	1
	YES				5	5	5
N. Dizziness?	NO				1	1	1
	YES				5	5	5
O. Were your pupils dilated or were your eyes extremely sensitive to light?	NO			1	1		
	YES			5	5		
P. Did you have gooseflesh or goose bumps?	NO			1	1		
	YES			5	5		

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

			1	2	3	4	5	6
			<i>COC</i>	<i>SPD</i>	<i>OP</i>	<i>HAL</i>	<i>DWN</i>	<i>OTH</i>
DD3RA9	I23.	Did you 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.	Have you 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.65.

		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 were you the first time that you had any of these things like (NAME POSITIVE SYMPTOMS ON TALLY SHEET I) happen to you?	___/___	___/___	___/___	___/___	___/___	___/___
							YEARS

		1	2	3	4	5	6
		<i>COC</i>	<i>SPD</i>	<i>OP</i>	<i>HAL</i>	<i>DWN</i>	<i>OTH</i>
B.	When was the last time you had any of these problems?						
	Was it...						
	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 were you the last time you had any of these problems?	___/___	___/___	___/___	___/___	___/___	___/___
							YEARS

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

I26A.

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

DD3RB

B.

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

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

J: MAJOR AFFECTIVE DISORDER

STANDARD PROBE

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

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

J1.	Are you the kind of person who feels sad, unhappy or really down (depressed) a lot of the time?	NO.....1 YES.....5
-----	---	-----------------------

J2A.	During the past two weeks, have you felt sad, unhappy or really down (depressed) a lot more than usual?	NO.....1 YES.....5
------	---	-----------------------

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

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

D.	During the past two weeks have you not wanted to do the things you usually like?	NO.....1 YES.....5
----	--	-----------------------

E.	During the past two weeks, have you been feeling crabby, 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 you were feeling (NAME POSITIVES IN QS.J2A-E), did you feel that way most of the day nearly every day?	NO...(SKIP TO J6)...1 YES.....5
---------	------	---	------------------------------------

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.(J2A, B, or E).....	<u>NO</u> 1	<u>YES</u> 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 you've been feeling (sad, not interested, or crabby etc.)

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

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

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

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

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

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

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

Table with columns for drug types: 1 COC, 2 SPD, 3 OP, 4 HAL, 5 DWN, 6 OTH. Rows include F. What drugs did you use?, G. How many times did you use (DRUG)?, H. How long had you been using (DRUG)?

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

RECORD: _____

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

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

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

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

IF NO TO Q.J3A AND Q.J7, SKIP TO SEPARATION ANXIETY, Q.K1, P.77. 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. B. DOWN MOOD OR IRRITABILITY...(J6A, B,OR C).... 1 5 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.

DEP3RA2

DEP3RA2

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

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

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

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

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

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

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

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

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

F. What drugs did you use? NO 1 1 1 1 1 1 YES 5 5 5 5 5 5

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

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

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

RECORD: _____

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

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

B. Were you feeling sad, unhappy, depressed, or NO.....1
 irritable? YES.....5

C. Were the things you 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 you 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 were you when this period began? ___/___ YEARS

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

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

RECORD: _____

J16. CODING EPISODES OF DEPRESSION

There are two coding columns for 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 your worst period when you were (CHECK AGE IN J8/J13) years old... And you were not drinking or taking drugs at that time?			
	J18. How much do/did you weigh?	___/___/___ LBS	___/___/___ LBS
DEP3RA3	J19A. Did you feel a lot less hungry than usual?	NO.....1 YES.....5	NO.....1 YES.....5
	B. Did you lose any weight?	NO..(SKIP TO J20A)..1 YES.....5	NO..(SKIP TO J20A)..1 YES.....5
DEP3RA3	C. How much weight did you lose?	___/___/___ LBS	___/___/___ LBS
DEP3RA3	J20A. Did you feel a lot more hungry than usual?	NO.....1 YES.....5	NO.....1 YES.....5
	B. Did you gain any weight?	NO..(SKIP TO J21A)..1 YES.....5	NO..(SKIP TO J21A)..1 YES.....5
DEP3RA3	C. How much did you gain?	___/___/___ LBS	___/___/___ LBS
DEP3RA4	J21A. Did you have <u>a lot more trouble than usual</u> falling asleep at night?	NO.....1 YES.....5	NO.....1 YES.....5
DEP3RA4	B. Did you wake up in the middle of the night and have a hard time getting back to sleep?	NO.....1 YES.....5	NO.....1 YES.....5
DEP3RA4	C. Did you wake up in the morning <u>a lot earlier than usual</u> and couldn't get back to sleep?	NO.....1 YES.....5	NO.....1 YES.....5
<div style="border: 1px solid red; padding: 5px; color: red;"> INTERVIEWER: IN THE CASE OF HYPERSOMNIA, PROBE ABOUT SLEEPING DURING THE DAY AS WELL AS SLEEPING IN LATE OR GOING TO BED EARLY. </div>			
DEP3RA4	D. Did you sleep <u>more</u> than usual?	NO.....1 YES.....5	NO.....1 YES.....5
	(PROBE: DID YOU SLEEP DURING THE DAY OR GO TO BED EARLY AT NIGHT?)		

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

	CURRENT EPISODE	MOST SEVERE EPISODE
During the past two weeks... During your worst period when you were (CHECK AGE IN J8/J13) years old... And you were not drinking or taking drugs at that time?		
DEP3RA8 J27A. Did you have trouble keeping your mind on what you were supposed to be doing? Did you have trouble paying attention to what you were doing? (PROBE: DID YOU HAVE PROBLEMS IN SCHOOL BECAUSE YOU WERE ALWAYS DAYDREAMING OR LISTENING TO OTHER KIDS INSTEAD OF WORKING?) B. Did other people say that you were having trouble keeping your mind on things?	NO.....1 YES.....5	NO.....1 YES.....5
DEP3RA8 J28A. Did you have <u>a lot</u> more trouble than usual making up your mind about things?	NO.....1 YES.....5	NO.....1 YES.....5
DEP3RA8 B. Did other people say that you were having trouble making up your mind?	NO.....1 YES.....5	NO.....1 YES.....5
DEP3RA9 J29A. Were there times when things seemed so bad that you wished you were dead?	NO.....1 YES.....5	NO.....1 YES.....5
DEP3RA9 B. Did you think a lot about death or dying?	NO.....1 YES.....5	NO.....1 YES.....5
DEP3RA9 C. Did you make a plan about how you might kill yourself?	NO.....1 YES.....5	NO.....1 YES.....5
DEP3RA9 D. Did you try to kill yourself?	NO.....1 YES.....5	NO.....1 YES.....5
INTERVIEWER: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> DIAGNOSIS IS BASED ON NUMBER AND CLUSTERING OF SYMPTOMS. </div>	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. IF 5 OR MORE ARE CODED 5, CONTINUE.	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. IF 5 OR MORE ARE CODED 5, CONTINUE.

	CURRENT EPISODE	MOST SEVERE EPISODE
<p>During the past two weeks... During your worst period when you were (CHECK AGE IN J8/J13) years old... And you were not drinking or taking drugs at that time?</p> <p>J30A. You've told me that you felt (sad, uninterested, or irritable, etc.) and also had problems with (appetite, sleeping, concentrating, etc.). Did most of these problems happen most of the day, nearly every day?</p> <p>B. Did it last 2 weeks or more?</p>	<p>NO...(SKIP TO J33)..1 YES.....5</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 you feel like this <u>only</u> because someone close to you died? (ASK WHO THIS WAS AND WHEN S/HE DIED. PROBE FOR DURATION OF SYMPTOMS DUE TO DEATH.)</p> <p>RECORD: _____ _____ _____</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 you feel like this <u>only</u> while you were 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>RECORD: _____ _____ _____</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 C. Did you feel like this <u>only</u> while you were 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 your life that made you feel bad or was making you have these problems we've been talking about?</p> <p>RECORD: _____ _____ _____</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 your worst period when you were (CHECK AGE IN J8/J13) years old...</p> <p>J33. Did having these feelings change your life a lot?</p> <p>(PROBE: WERE YOU SO UNHAPPY THAT IT CHANGED THE WAY YOU ACTED IN SCHOOL, YOUR GRADES, OR HOW YOU GOT ALONG WITH YOUR 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 you see a doctor?</p> <p>B. Did the doctor give you any medication?</p> <p>C. How long did you see the doctor?</p> <p>D. Did you have to go to the hospital?</p> <p>E. How long did you stay in the hospital?</p> <p>F. Did they give you any medication while you were 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>
	<div style="border: 1px solid red; padding: 5px; display: inline-block;"> <p>GO BACK TO J18 AND ASK ABOUT MOST SEVERE EPISODE.</p> </div>	

DIRTY J35A. Have you had another really bad time when you were (sad, uninterested, crabby), and you felt that way only because someone close to you died, you were sick, taking medication, drinking, or using drugs? NO...(SKIP TO J36A).1
YES.....5

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

C. During this time did you:

	<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 no good or that everything was your fault?	1	5
8. Have problems keeping your mind on things?	1	5
9. Have problems making up your mind about things?	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. Were you (sad, down, etc.) and had these other problems for at least 2 weeks? 1 5

E. How many times like this have you had? ___/___ TIMES

CLEAN J36A. Have you had another really bad time when you were (sad, depressed, etc.) and there was no one close to you who died, you weren't sick, taking medication, drinking, or using drugs? NO...(SKIP TO K1)...1
YES.....5

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

C. During this period did you: **NO** **YES**

- 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 no good or that everything was your fault? . . . 1 5
- 8. Have problems keeping your mind on things? 1 5
- 9. Have problems making up your mind about things? . . . 1 5
- 10. Have thoughts of death or suicide? 1 5

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

E. How many times like this have you 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 people worry a lot about being away from their families, or away from home. I'm going to ask you some questions about times when you're away from your parents or away from home.

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

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

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

RECORD: _____

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

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

SADD3RA2 K2. Have there been a lot of times when you really worried that something bad might happen to you (like getting kidnapped or killed), so that you couldn't see your parents again? NO.....1
ALC/DRUG ONLY.....3
YES..(SPECIFY).....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 you were afraid to leave your parents to go to school and tried to get them to let you stay home, because you were afraid that something bad might happen? Has this happened a lot?

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

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

SADD3RA4 K4. Have there been a lot of times when you needed someone like your parent (or grandparent, etc.) to stay close to you at night so you could get to sleep?

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

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

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

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

[PERSISTENT REFUSAL OR RELUCTANCE TO SLEEP AWAY FROM HOME]

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

SADD3RA5 K6. Have there often been times when you've been afraid to be in the house by yourself, so afraid that when you were in any part of the house you were always with someone?
 (PROBE: WOULD YOU FOLLOW YOUR MOM/DAD AROUND THE HOUSE BECAUSE YOU DIDN'T WANT TO BE BY YOURSELF? NOT JUST WHEN THERE WAS A THUNDERSTORM BUT JUST BECAUSE YOU DIDN'T WANT TO BE BY YOURSELF.)

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

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

SADD3RA9 K7. Have you ever gone away from home for a few days, like visiting relatives or going to camp, and become so upset and worried that you wanted to come home early or see your parents right away?

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

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

SADD3RA9 K8A. When you've gone away from home, have you often needed to call home because you were worried about your parents or someone else you cared about or that something might be wrong?

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

B. When your parents were away from home or out for the evening have you often needed to telephone them because you were worried that something bad might have happened?

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

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

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

[REPEATED NIGHTMARES INVOLVING THE THEME OF SEPARATION]

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

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

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

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

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

SADD3RC K12A. How old were you when you started having these feelings that we've been talking about? ___/___ YEARS
 (PROBE: DO YOU REMEMBER WHAT GRADE YOU WERE IN?)

[ONSET BEFORE AGE 18]

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

IF OVER A YEAR AGO, ASK:

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

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

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

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

[DURATION OF DISTURBANCE AT LEAST TWO WEEKS]

L: OVERANXIOUS DISORDER

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

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

RECORD EXAMPLE: _____

[EXCESSIVE OR UNREALISTIC WORRY ABOUT FUTURE EVENTS]

OD3RA2	L3. Have you really worried a lot about little things that you've done in the past? FOR EXAMPLE, YOU SAID SOMETHING TO SOMEONE AND THEN KEPT WORRYING THAT MAYBE IT MADE THEM MAD.	NO.....1 ALC/DRUG ONLY.....3 YES...(SPECIFY).....5
--------	--	--

(PROBE: MOST KIDS WORRY ABOUT THESE THINGS SOME OF THE TIME. I'D LIKE TO KNOW IF YOU WORRY ABOUT THEM A LOT MORE THAN MOST KIDS YOUR AGE.)

[EXCESSIVE OR UNREALISTIC CONCERN ABOUT APPROPRIATENESS OF PAST BEHAVIOR]

RECORD EXAMPLE: _____

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

OD3RA3	L4. Have there been times when you were <u>always worried</u> that you weren't able to do a lot of things as well as you wanted to?	NO.....1 ALC/DRUG ONLY.....3 YES.....5
--------	---	--

(PROBE: HAVE YOU BEEN WORRIED THAT YOUR PARENTS OR TEACHERS WOULD BE DISAPPOINTED WITH YOUR GRADES OR HOW YOU WERE DOING IN SPORTS OR OTHER THINGS?)

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

OD3RA4	L5. Have you actually been sick from worry, that is, you worried so much that your head hurt or your stomach got upset?	NO.....1 ALC/DRUG ONLY.....3 YES.....5
--------	---	--

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

OD3RA5	L6. Have you worried a lot about how you looked, about what you said, or about how you acted in front of your friends?	NO.....1 ALC/DRUG ONLY.....3 YES.....5
--------	--	--

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

[MARKED SELF-CONSCIOUSNESS]

OD3RA6 L7. Are you always asking your parents or your teacher to check and see if your work is done correctly, or are you always asking your friends or your parents if they think you're doing the right thing, or wearing the right clothes?

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

[EXCESSIVE NEED FOR REASSURANCE ABOUT A VARIETY OF CONCERNS]

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

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

[MARKED FEELINGS OF TENSION OR INABILITY TO RELAX]

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

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

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

IF OVER A YEAR AGO, ASK:

C. How old were you the last time you 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.

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

[SYMPTOMS OCCURRED AT THE SAME TIME]

OD3RA B.

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

RECORD: _____

[SYMPTOMS LASTED AT LEAST 6 MONTHS]

M: SUICIDAL BEHAVIOR

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

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

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

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

IF OVER A YEAR AGO, ASK:

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

E. Can you tell me what was going on?

RECORD: _____

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

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

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

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

IF OVER A YEAR AGO, ASK:

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

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

RECORD: _____

- M3A. Have you ever tried to kill yourself? NO.....1
ALC/DRUG ONLY.....3
YES.....5

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

- B. How many times? ___/___ TIMES
- C. How old were you the first time? ___/___ YEARS
- D. When was the last time?
Was it...

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

IF OVER A YEAR AGO, ASK:

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

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

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

RECORD: _____

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

CODE FOR MOST SEVERE ATTEMPT.

M4.

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

M5.

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

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

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

B. What did the doctor say?

RECORD: _____

OBSESSIVE COMPULSIVE DISORDER:

N. OBSSESSIONS

- OCD3R01

N1. Have there often been times when you had thoughts or ideas that you couldn't keep out of your mind no matter how hard you tried to push them out? I'm not talking about real worries like because your mom is sick, but strange thoughts that kept coming into your mind.

RECORD: _____

NO.....1
ALC/DRUG ONLY.....3
YES..(SPECIFY).....5
- OCD3R01

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

NO..(SKIP TO N3)....1
ALC/DRUG ONLY.....3
YES.....5
- OCD3R01

B. Everyone worries about that some of the time. What I mean is, do you worry about this more than other kids your age?

NO.....1
ALC/DRUG ONLY.....3
YES.....5
- OCD3R01

N3. Do you worry a lot more than most of your friends about catching some sickness or disease?

NO.....1
ALC/DRUG ONLY.....3
YES.....5
- OCD3R01

N4. Have you worried a lot about doing something bad, like hurting someone you really liked?

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

RECORD: _____

NO.....1
ALC/DRUG ONLY.....3
YES...(SPECIFY).....5
- OCD3R01

N5. Have there been times when you worried a lot that you might do something like using bad words in class, or saying things you shouldn't say in front of your parents or adults that would make them mad?

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

IF NO 3'S OR 5'S TO QS.N1, N2B. & N3-N5, SKIP TO
COMPULSIONS, Q-01, P.87. OTHERS CONTINUE.

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

OCD3R02 N6. Do you find that even if you really try hard not to think about these things you end up thinking about them anyway? NO.....1
ALC/DRUG ONLY.....3
YES.....5

OCD3R03 N7. These thoughts you have over and over, are they your own thoughts? What I mean is, are they coming from your own mind, or is it more like somebody is putting them inside your head?
SOMEONE PUTTING THEM IN HEAD..1
OWN THOUGHTS.....5

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

OCD3ROB N8A. Is _____(NAME 3'S AND 5'S IN QS. N1-N7) a big problem for you? For example, does it really upset you or take up a lot of your time? NO.....1
YES.....5

B. How much time do you spend each day thinking about _____ (3'S AND 5'S IN QS. N1-N7)? AN HOUR OR LESS....1
MORE THAN AN HOUR...2

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

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

IF OVER A YEAR AGO, ASK:

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

O: COMPULSIONS

OCD3RC1	01.	Are you the kind of person who often has to do things over and over even when it doesn't seem like you really need to?	NO.....1 ALC/DRUG ONLY.....3 YES..(SPECIFY).....5
---------	-----	--	---

| NOTE TO INTERVIEWER: READ EXAMPLES |

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

| NOTE TO INTERVIEWER:
BE SURE TO GET AN EXAMPLE. |

RECORD: _____

O2A.	Are you the kind of person who often has to do things in a certain way or else you get upset?	NO..(SKIP TO O3A)...1 ALC/DRUG ONLY.....3 YES.....5
------	---	---

(PROBE: PUTTING YOUR CLOTHES ON IN THE SAME ORDER IN THE MORNING. DOING YOUR SCHOOLWORK IN THE SAME ORDER, KEEPING YOUR THINGS IN A CERTAIN ORDER.)

OCD3RC1	B.	If you do things out of order, do you get very upset, and have to start all over again?	NO.....1 ALC/DRUG ONLY.....3 YES.....5
---------	----	---	--

O3A. Sometimes when people see things like squares in a tile floor, they find that they just have to count them. Have there been times when you had to count things like that?

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

RECORD: _____

IF NO, SKIP TO BOX AFTER Q.03B. OTHERS CONTINUE.

OCD3RC1 B. Did you try to make yourself stop, but found that you just had to count?

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

IF NO TO QS.01,02B, AND O3B SKIP TO ANOREXIA NERVOSA, Q.P1, P.89. OTHERS CONTINUE.

04. When you don't ____ (NAME POSITIVES IN QS. 01-03) do you feel nervous or upset?

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

[THE BEHAVIOR IS DESIGNED TO NEUTRALIZE OR PREVENT DISCOMFORT OR SOME DREADED EVENT OR SITUATION]

O5A. Do you ____ (NAME POSITIVES IN QS.01-03) a lot more than you really need to?

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

B. Have your parents or other people said that you (NAME POSITIVES IN QS.01-03) a lot more than you really need to?

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

OCD3RB O6A. Is _____ (NAME 3'S AND 5'S IN QS.01-03) a problem for you? For example, does it really upset you or take a lot of your time?

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

OCD3RB B. How much time do you spend each day ____ (NAME 3'S AND 5'S IN QS.01-03)?

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

[COMPULSIONS CAUSE MARKED DISTRESS, TAKING MORE THAN 1 HOUR A DAY, AND INTERFERE WITH A PERSON'S NORMAL ROUTINE]

O7A. How old were you when you first remembered feeling that you had to _____ (NAME 3'S AND 5'S IN QS.01-03)? _____ / _____ YEARS

B. When was the last time you had to _____ (3'S AND 5'S IN QS.01-03)? 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:

C. How old were you then? _____ / _____

EATING DISORDERS:

P: ANOREXIA NERVOSA

ANORX3RA P1. Have you ever lost any weight on purpose? NO.(SKIP TO Q.1A, P.91).1
 RECORD: _____ ALC/DRUGS ONLY.....3
 YES...(SPECIFY).....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...]

ANORX3RC P2. Did you feel that you were fat or that NO.....1
 parts of you were too fat, even when people ALC/DRUGS ONLY.....3
 said you were too thin? YES.....5

[DISTURBANCE IN THE WAY IN WHICH ONE'S BODY WEIGHT, SIZE, OR SHAPE IS EXPERIENCED]

ANORX3RA P3A. When you were at your thinnest, how much ___/___/___ LBS
 did you weigh?
 B. How old were you when you were at your ___/___ YEARS
 thinnest?
 C. How tall were you then? ___ FT ___ IN

IS WEIGHT IN P3A EQUAL TO OR BELOW AMOUNT ON WEIGHT CHART?	NO.....1 YES.....5
---	-----------------------

[REFUSAL TO MAINTAIN BODY WEIGHT OVER A MINIMAL WEIGHT FOR AGE AND HEIGHT OR FAILURE TO MAKE EXPECTED WEIGHT GAIN DURING A PERIOD OF GROWTH...]

ANORX3RB P4. Did you ever keep trying to lose weight, NO.(SKIP TO Q.1A, P.91).1
 even though other people said you were too ALC/DRUGS ONLY.....3
 thin? YES.....5

[INTENSE FEAR OF GAINING WEIGHT OR BECOMING FAT, EVEN THOUGH UNDERWEIGHT]

ANORX3RB P5. When you were underweight, did you worry a NO.....1
 lot about being fat or getting fat? ALC/DRUGS ONLY.....3
 YES.....5

[INTENSE FEAR OF GAINING WEIGHT OR BECOMING FAT EVEN THOUGH UNDERWEIGHT]

P6. Did your parents take you to a doctor, NO...(SKIP TO P7A).....1
 because they were worried about you losing ALC/DRUGS ONLY.....3
 so much weight? YES...(SPECIFY).....5

What did the doctor say?
 RECORD: _____

P7A. How old were you when you first started worrying about your weight a lot? ___/___ YEARS

B. When was the last time you worried about your weight a lot? Was it... WITHIN THE PAST TWO WEEKS...1 WITHIN THE PAST MONTH.....2 WITHIN THE PAST SIX MONTHS..3 WITHIN THE PAST YEAR.....4 OVER A YEAR AGO.....5

| IF OVER A YEAR AGO, ASK: |

C. How old were you the last time you worried a lot about your weight? ___/___ YEARS

GIRLS 6-8 AND ALL BOYS SKIP TO NEXT SECTION, BULIMIA, Q.Q1A, P.91. GIRLS 9 AND OLDER CONTINUE.

P8. Had you started your menstrual periods before you began to diet? NO.(SKIP TO Q.1A, P.91).1 YES.....5

ANORX3RD P9. While you were losing weight, did your periods stop for at least 3 months in a row? NO.....1 YES.....5

[ABSENCE OF AT LEAST 3 CONSECUTIVE MENSTRUAL CYCLES]

Q: BULIMIA

Q1A. Have there been times when you ate a whole lot of food all at one time (MUCH LARGER THAN USUAL)? For example, an entire box of cookies or a large carton of ice cream? NO.(SKIP TO R1,P.94).1
ALC/DRUGS ONLY.....3
YES.....5

B. How much did you eat?

RECORD: _____

BULIM3RA Q2A. Did you ever eat large amounts of food like that at least twice a week? NO.....1
ALC/DRUGS ONLY.(SKIP TO Q.3).....3
YES..(SKIP TO Q.3)...5

[RECURRENT EPISODES OF RAPID CONSUMPTION OF LARGE AMOUNTS OF FOOD IN A DISCRETE PERIOD OF TIME]

B. You've never eaten a really large amount of food twice in one week? NEVER EATEN LARGE AMOUNT.1
HAS EATEN LARGE AMOUNT...5

IF NEVER EATEN REALLY LARGE AMOUNT OF FOOD, SKIP TO SOMATIZATION, Q.R1, P.94. OTHERS CONTINUE.

BULIM3RD Q3.

NOTE TO INTERVIEWER:
HOW LONG DID THAT PERIOD OF EATING LARGE AMOUNTS OF FOOD AT LEAST TWICE A WEEK GO ON? LESS THAN 3 MONTHS..1
3 MONTHS OR MORE....5
PROBE FOR A MINIMUM OF 3 MONTHS DURATION OF BINGE EATING AT LEAST TWICE A WEEK.

[A MINIMUM AVERAGE OF 2 BINGE EATING EPISODES A WEEK FOR AT LEAST 3 MONTHS]

- BULIM3RE Q4A. Did you often worry a lot about how your body looked? NO.....1
ALC/DRUGS ONLY.....3
YES.....5
- B. Did you often worry a lot about how much you weighed? NO.....1
ALC/DRUGS ONLY.....3
YES.....5

[PERSISTENT CONCERN WITH BODY SHAPE AND WEIGHT]

- BULIM3RC Q5. When you were on eating binges like the ones we described earlier, did you often try to keep your weight down by taking laxatives, or making yourself throw up? NO.....1
ALC/DRUGS ONLY.....3
YES.....5

[REGULARLY ENGAGES IN SELF-INDUCED VOMITING OR USE OF LAXATIVES OR DIURETICS]

- BULIM3RC Q6. Did you exercise a lot to help keep your weight down? NO.....1
ALC/DRUGS ONLY.....3
YES.....5

[REGULARLY ENGAGES IN VIGOROUS EXERCISES TO PREVENT WEIGHT GAIN]

- BULIM3RB Q7. When you were on one of those eating binges, were you ever afraid that you couldn't stop eating? Did you ever feel you couldn't stop eating? NO.....1
ALC/DRUGS ONLY.....3
YES.....5

[FEELING OF LACK OF CONTROL OVER EATING BEHAVIOR DURING BINGES]

- Q8A. How old were you when you first started having eating binges? ___/___ YEARS
- B. When was the last time you went on an eating binge? Was it... WITHIN THE PAST TWO WEEKS...1
WITHIN THE PAST MONTH.....2
WITHIN THE PAST SIX MONTHS..3
WITHIN THE PAST YEAR.....4
OVER A YEAR AGO.....5
- | IF OVER A YEAR AGO, ASK: |
- C. How old were you when you 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.

SOMATIZATION PROBE CHART

IF NO TO SYMPTOM CODE 1

IF YES TO SYMPTOM ASK:

Has anyone taken you to see a doctor or any one else about your (NAME SYMPTOM)?

IF YES ASK:

REASON: Was it only because you were using DRUGS, ALCOHOL, or taking MEDICINE? CODE 3

REASON: Was it only because you were SICK or HURT? CODE 4

IF NONE OF THE ABOVE CODE 5

IF NO ASK:

Did you take a lot of any medicines other than pain medicines you can buy at the store?

IF YES ASK:

REASON: Was it only because you were using DRUGS, ALCOHOL, or taking MEDICINE? CODE 3

REASON: Was it only because you were SICK or HURT? CODE 4

IF NONE OF THE ABOVE CODE 5

IF NO ASK:

Did it keep you from doing anything that you usually do?

IF YES ASK:

REASON: Was it only because you were using DRUGS, ALCOHOL, or taking MEDICINE? CODE 3

REASON: Was it only because you were SICK or HURT? .. CODE 4

IF NONE OF THE ABOVE CODE 5

IF NO: CODE 2

INTERVIEWER: NOTE CHANGE IN CODING OPTIONS.

R: SOMATIZATION

SOM3RA R1. Do you get sick a lot of the time? More than most kids your age? 1 2 3 4 5

RECORD: _____

[A HISTORY OF PHYSICAL COMPLAINTS OR BELIEF THAT ONE IS SICKLY]

SOM3RA R2. Do you have to see the doctor a lot? More often than other kids your age? 1 2 3 4 5

(PROBE: HAVE YOU MISSED A LOT OF SCHOOL BECAUSE OF FEELING SICK?)

[A HISTORY OF PHYSICAL COMPLAINTS OR BELIEF THAT ONE IS SICKLY]

SOM3RB1 R3. Have you had times in your life when you've thrown up a lot (much more than usual -- much more than your friends or other kids your age)? 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

	R4.	Have you had a lot of trouble with any of the following problems — more than most kids your age?	
SOM3RB3	A.	Do you feel sick to your stomach a lot of the time?	1 2 3 4 5

SOM3RB4	B.	Does your stomach fill up with gas a lot of the time?	1 2 3 4 5

SOM3RB5	C.	Do you have a lot of problems with diarrhea?	1 2 3 4 5

SOM3RB6	D.	Do you have problems with getting sick easily from eating different foods?	1 2 3 4 5

SOM3RB2	E.	Have you had a lot of trouble with pains in your stomach?	1 2 3 4 5

SOM3RB7	R5.	Have you ever had problems with very bad pain in your arms and legs?	1 2 3 4 5

[PAIN IN EXTREMITIES]

IF CODED 3, 4, AND 5, CONTINUE.
 OTHERS SKIP TO Q.R7.

SOM3RB8	R6.	A.	Have you had a lot of problems with back pain?	1 2 3 4 5

SOM3RB10		B.	Do you have a lot of problem with pain when you go to the bathroom (urinate)?	1 2 3 4 5

SOM3RB11		C.	Have you had a lot of problems with any other kind of pain (EXCLUDING HEADACHES)?	1 2 3 4 5

SOM3RB9		D.	Have you had a lot of pain in your joints? (ankles, knees, wrists, elbows)?	1 2 3 4 5

SOM3RB12	R7.		Do you have trouble with getting out of breath, at times when you're <u>not</u> exercising; like when walking or sitting around?	1 2 3 4 5

[SHORTNESS OF BREATH WHEN NOT EXERTING ONESELF]

IF CODED 3, 4, OR 5, CONTINUE.
 OTHERS SKIP TO Q.R9.

SOM3RB13	R8A.	Have you had a lot of trouble with your heart pounding or beating too fast?	1 2 3 4 5

SOM3RB14	B.	Have you had problems with chest pain (a tight feeling or pain in the chest)?	1 2 3 4 5

SOM3RB15	C.	Do you frequently feel faint or dizzy?	1 2 3 4 5

SOM3RB16	R9.	Have you had problems with <u>amnesia</u> for any amount of time when you couldn't remember anything that happened to you?	1 2 3 4 5
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[AMNESIA]

SOM3RB17	R10.	Have you ever had a lot of problems swallowing?	1 2 3 4 5
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[DIFFICULTY SWALLOWING]

<p>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.</p>
--

SOM3RB18	R11A.	Have you ever found that you just couldn't speak (lost your voice)?	1 2 3 4 5

SOM3RB19	B.	Have you ever gone suddenly deaf and not been able to hear anything?	1 2 3 4 5

SOM3RB20	C.	Have you had a lot of problems with double vision? Did you see two of one thing — like when you cross your eyes?	1 2 3 4 5

SOM3RB21	D.	Have you had a lot of problems with your eyes where things look fuzzy?	1 2 3 4 5

SOM3RB22	E.	Have you ever suddenly gone blind?	1 2 3 4 5

SOM3RB23	F.	Have there been times when you fainted or passed out?	1 2 3 4 5

SOM3RB24	G.	Has any adult told you that you have had a seizure?	1 2 3 4 5

PROBING PATTERN:

<p>1 = NO, NEVER 2 = YES, BUT DID NOT INTERFERE 3 = YES, ALWAYS DUE TO MED/DRUGS/ALC 4 = YES, ALWAYS DUE TO PHYSICAL ILLNESS/INJURY 5 = YES, PSYCHIATRICALY RELEVANT</p>
--

- SOM3RB25 R11H. Have you had a lot of trouble walking? 1 2 3 4 5
- SOM3RB26 I. Have you ever felt so weak that you couldn't lift or move things that you could ordinarily lift or move? 1 2 3 4 5
- SOM3RB27 J. Have you had a hard time going to the bathroom where you had a hard time getting your urine (pee) to come out? 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. Have you started your menstrual (monthly) period? 1 5

IF NO, SKIP TO BOX AFTER Q.R12D.
 IF YES, CONTINUE.

- SOM3RB32 B. Do you have a lot of problems with menstrual cramps? 1 2 3 4 5

[PAINFUL MENSTRUATION]

IF CODED 3, 4, OR 5, CONTINUE.
 OTHERS SKIP TO INSTRUCTION AFTER Q.R12D.

- SOM3RB33 C. Do you have problems with irregular menstrual periods? 1 2 3 4 5
- SOM3RB34 D. Do you bleed heavily (more than most girls) when you do have your menstrual period? 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.98. OTHERS CONTINUE.

- SOM3RA R13A. You've told me that _____ (NAME 3'S, 4'S AND 5'S IN QS.R1-R12D). ___/___ YEARS

Can you remember how old you were when these problems started happening?

[ONSET BEFORE AGE 30]

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

IF OVER A YEAR AGO, ASK:

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

[SYMPTOMS PERSIST FOR SEVERAL YEARS]

S: PSYCHOTIC SYMPTOMS

SCZ3R1b S1A. Have you ever seen things that other people looking at the same spot couldn't see? For instance, have you ever seen another person in a room with you that no one else could see, or have you ever seen strange or different things that other people looking at exactly the same place couldn't see? (PROBE: LIKE A VISION?) 1 2 3 4 5

B. Could you tell me what you saw?

RECORD: _____

| IF CODED 3, 4, OR 5, CONTINUE. |
 | OTHERS SKIP TO Q.S2A. |

C. Was the only time you saw it when you were falling asleep or waking up? 1 5

SCZ3R1b S2A. Have you more than once heard voices talking? Voices that only you could hear? 1 2 3 4 5

[AUDITORY HALLUCINATIONS]

| IF CODED 3, 4, OR 5, CONTINUE. |
 | OTHERS SKIP TO Q.S3. |

B. Could you tell me a little more about it/them?

RECORD: _____

C. Did the voice(s) say bad things to you, or about you?

RECORD: _____

D. Did the voice(s) tell you 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

SCZ3R1b S3. Have you more than once heard strange sounds or noises besides voices? 1 2 3 4 5

RECORD: _____

SCZ3R1b S4. Have you ever smelled something strange-- something that other people couldn't smell? 1 2 3 4 5

RECORD: _____

SCZ3R1a S5. Have you ever felt that people were watching what you were doing, like they were spying on you? 1 2 3 4 5

RECORD: _____

SCZ3R1a S6. Have there been times when you thought that people were talking about you behind your back? 1 2 3 4 5

(PROBE: WERE THEY PLANNING TO HURT YOU IN SOME WAY--LIKE MAYBE POISON YOU?)

NOTE TO INTERVIEWER: BE SURE THIS IS A PSYCHOTIC SYMPTOM, AND NOT JUST A SITUATION IN WHICH FRIENDS ARE TALKING ABOUT THE RESPONDENT, EVEN IF THE FRIENDS ARE BEING MEAN AND INSENSITIVE.

RECORD: _____

SCZ3RA2 S7. While you were watching TV, have you thought that someone on TV was sending a special message to you and nobody else? 1 2 3 4 5

RECORD: _____

SCZ3RA2 S8. Have you ever felt that someone on TV or on the radio was making fun of you, or saying things about you? 1 2 3 4 5

RECORD: _____

SCZ3RA2 S9. Have you ever heard your thoughts spoken out loud? 1 2 3 4 5
 (PROBE: LIKE THEY WERE BEING BROADCAST ON THE RADIO?)

RECORD: _____

SCZ3RA2 S10. Have you thought that someone was able to control your mind and make you do things you didn't want to do? 1 2 3 4 5

RECORD: _____

SCZ3RA2 S11. Have you ever felt that people could read your mind or hear what you were thinking? 1 2 3 4 5
 Could you give me an example?

(PROBE: IS IT BECAUSE THEY'VE KNOWN YOU FOR A LONG TIME OR KNOW YOU VERY WELL?)
 RECORD: _____

SCZ3RA2 S12. Have you ever been able to read someone else's mind? Could you give me an example? 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.102.

PROBING PATTERN:
 1 = NO, NEVER
 2 = YES, BUT DID NOT INTERFERE
 3 = YES, ALWAYS DUE TO MED/DRUGS/ALC
 4 = YES, ALWAYS DUE TO PHYSICAL ILLNESS/INJURY
 5 = YES, PSYCHIATRICALY RELEVANT

S13A. You've told me that _____ (NAME 3'S, 4'S, OR 5'S IN QS.S1-S12). Can you remember how old you were when things like this started happening? _____/____ YEARS

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

IF OVER A YEAR AGO, ASK:

C. How old were you 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? NO.....1 YES.....5

RECORD EVENTS OF DEPRESSED EPISODES THAT HAVE PSYCHOTIC FEATURES:

T: EXTENDED FAMILY

INTERVIEWER:

T1. Does the child have a relationship with His/her biological parents?

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

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

IF THE CHILD HAS NO KNOWLEDGE OF THEIR BIOLOGICAL PARENTS, LEAVE CODING SPACES FOR THAT PARENT IN THE SUBSEQUENT QUESTIONS BLANK. CODE ONLY FOR BIOLOGICAL PARENTS IN "MOTHER" AND "FATHER" SPACES.

T2. Does child live with...

NO STEP-PARENT.....1
STEP-MOTHER.....2
STEP-FATHER.....3
BOTH STEP-MOTHER AND STEP-FATHER..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 your parents (or step parents) who you like a lot and who you see a lot?

NO OTHER.....0
STEP MOTHER.....1
STEP FATHER.....2
FOSTER MOTHER.....3
FOSTER FATHER.....4
GRANDMOTHER.....5
GRANDFATHER.....6
SIBLING (18 OR OLDER).....7
OTHER RELATIVES (AUNTS, UNCLES, COUSINS, ETC.).....8
OTHER ADULTS (TEACHERS, CLERGY, FAMILY FRIENDS).....9

U: PARENTS' TIME SPENT WITH CHILD

**INTERVIEWER: IN THIS PART OF THE INTERVIEW
PROBE FOR THE POSSIBILITY THAT ALL 3 PARENTING
FIGURES ARE INTERACTING WITH THE CHILD.**

Now I'm going to ask you about the kinds of things some families do together. You tell me if your family does any of these things together.

U1A. Does your (MOTHER/FATHER/BOTH/OTHER) do things with you, spend time with you, help you with homework or school projects, do chores around the house with you, go shopping with you, or help you plan things?

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

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

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

**PROBE FOR CURRENT ACTIVITIES.
USE AGE APPROPRIATE PROBES.**

RECORD: _____

B. Would you say that your _____ (MOTHER/FATHER/BOTH/OTHER) spends time with you...

MOTHER
MORE THAN MOST PARENTS?.1
SAME AS MOST PARENTS?...2
LESS THAN MOST PARENTS?.3

FATHER
MORE THAN MOST PARENTS?.1
SAME AS MOST PARENTS?...2
LESS THAN MOST PARENTS?.3

OTHER
MORE THAN MOST PARENTS?.1
SAME AS MOST PARENTS?...2
LESS THAN MOST PARENTS?.3

U2. Do you and your (MOTHER/FATHER/BOTH/OTHER) ever talk about what's going on in the world? Like what's happening in other countries, what the president is doing, or problems with the crime rate? Do you ever talk about something that was on TV news, or in the paper?

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

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

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

U3. Family celebrations like Thanksgiving, Christmas, or birthdays are supposed to be a lot of fun. But sometimes they end up with people getting upset. What is it like in your family? Are holidays upsetting, a lot of fun or some of both?

UPSETTING.....1
 SOMETIMES UPSETTING/
 SOMETIMES FUN.....2
 LOTS OF FUN.....3

RECORD: _____

U4A. Does your (MOTHER/FATHER/BOTH/OTHER) show that he/she cares about others in the family by giving them hugs or kisses?

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

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

B. OMITTED.

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

U5. Does your (MOTHER/FATHER/BOTH/OTHER) ever upset you by teasing you in a mean way, or doing other things that hurt your feelings?

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

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

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

U6. Do you feel that your (MOTHER/FATHER/BOTH/OTHER) is always telling you that what you're doing is wrong?

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

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

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

U7. Does your (MOTHER/FATHER/BOTH/OTHER) go out of his/her way to say you did a good job when you do something well? For example, if you receive a good grade in school, are you told something nice about it?

	<u>MOTHER</u>	
NO.....		1
YES.....		5
	<u>FATHER</u>	
NO.....		1
YES.....		5
	<u>OTHER</u>	
NO.....		1
YES.....		5

U8A. When you have problems, or are worried about something, to whom do you usually tell your troubles?

	<u>MOTHER</u>	
NO.....		1
YES....(SKIP TO U8C).....		5
	<u>FATHER</u>	
NO.....		1
YES....(SKIP TO U8C).....		5
	<u>OTHER</u>	
NO.....		1
YES....(SKIP TO U8C).....		5

B. Is there a reason why you don't usually tell your troubles to _____ (MOTHER/FATHER/BOTH/OTHER)?

	<u>MOTHER</u>	
NO REASON.....		1
THEY ARE NOT INTERESTED.....		2
YOU DON'T FEEL COMFORTABLE..		3
OTHER REASON.....		4
	<u>FATHER</u>	
NO REASON.....		1
THEY ARE NOT INTERESTED.....		2
YOU DON'T FEEL COMFORTABLE..		3
OTHER REASON.....		4
	<u>OTHER</u>	
NO REASON.....		1
THEY ARE NOT INTERESTED.....		2
YOU DON'T FEEL COMFORTABLE..		3
OTHER REASON.....		4

| SKIP TO DISCIPLINE, P.106. |

C. Do you feel that (5'S IN Q.U8A) does a good job of listening to your troubles?

	<u>MOTHER</u>	
NO.....		1
YES.....		5
	<u>FATHER</u>	
NO.....		1
YES.....		5
	<u>OTHER</u>	
NO.....		1
YES.....		5

V: DISCIPLINE

Parents have many different rules for their children. I'm going to name some of the things that parents do and you tell me if any of the things I mention happen in your house.

V1. When you do something that your (MOTHER/FATHER/BOTH/OTHER) think is wrong, do they yell or fuss at you?
RECORD: _____

MOTHER
MORE THAN MOST PARENTS...1
SAME AS MOST PARENTS....2
LESS THAN MOST PARENTS...3

FATHER
MORE THAN MOST PARENTS...1
SAME AS MOST PARENTS....2
LESS THAN MOST PARENTS...3

OTHER
MORE THAN MOST PARENTS...1
SAME AS MOST PARENTS?...2
LESS THAN MOST PARENTS...3

V2. When you do something wrong, does your (MOTHER/FATHER/BOTH/OTHER) ever "ground" you -- that is, not allow you to do something you really wanted to do?
RECORD: _____

MOTHER
MORE THAN AVERAGE CHILD..1
SAME AS AVERAGE CHILD....2
LESS THAN AVERAGE CHILD..3

FATHER
MORE THAN AVERAGE CHILD..1
SAME AS AVERAGE CHILD....2
LESS THAN AVERAGE CHILD..3

OTHER
MORE THAN AVERAGE CHILD..1
SAME AS AVERAGE CHILD....2
LESS THAN AVERAGE CHILD..3

V3. Do you get into trouble with your (MOTHER/FATHER/BOTH/OTHER)...
RECORD: _____

MOTHER
MORE THAN MOST KIDS?.....1
SAME AS MOST KIDS?.....2
LESS THAN MOST KIDS?.....3

FATHER
MORE THAN MOST KIDS?.....1
SAME AS MOST KIDS?.....2
LESS THAN MOST KIDS?.....3

OTHER
MORE THAN MOST KIDS?.....1
SAME AS MOST KIDS?.....2
LESS THAN MOST KIDS?.....3

W: ADULTS AS ROLE MODELS

W1. Does _____ (MOTHER/FATHER/BOTH/OTHER) belong to any groups or clubs like the P.T.A., church or synagogue, or a sports club?

RECORD: _____

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

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

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

W2. Does your _____ (MOTHER/FATHER/BOTH/OTHER) have some friends s/he sees from time to time?

(PROBE: DO THEY HAVE ANY FRIENDS THEY SEE AWAY FROM HOME AND WORK?)

RECORD: _____

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

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

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

W3. Does _____ (MOTHER/FATHER/BOTH/OTHER) get together with friends and relatives for celebrations (THANKSGIVING, 4TH OF JULY)?

RECORD: _____

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

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

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

W4. When you are in an activity at school, like a play or a concert, does _____ (MOTHER/FATHER/BOTH/OTHER) usually try to attend?

RECORD: _____

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

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

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

W5. Does your (MOTHER/FATHER/BOTH/OTHER) have any hobbies that s/he enjoys doing, like doing needlepoint, working on the car, going to the movies, cooking special dishes? Are any of them interested in football, or baseball games, things like that?

RECORD: _____

	<u>MOTHER</u>	
	NO.....	1
	YES.....	5
	<u>FATHER</u>	
	NO.....	1
	YES.....	5
	<u>OTHER</u>	
	NO.....	1
	YES.....	5

**IF PARENTS OBVIOUSLY HAVE A TROUBLED LIFE,
SAY: IN SPITE OF ALL THEIR DIFFICULTIES...**

W6. Would you say that your (MOTHER/FATHER/BOTH/OTHER) are pretty happy people?

RECORD: _____

	<u>MOTHER</u>	
	NO.....	1
	YES.....	5
	<u>FATHER</u>	
	NO.....	1
	YES.....	5
	<u>OTHER</u>	
	NO.....	1
	YES.....	5

W7. Do you feel very close to your _____ (MOTHER/FATHER/OTHER)?

RECORD: _____

	<u>MOTHER</u>	
	NO.....	1
	YES.....	5
	<u>FATHER</u>	
	NO.....	1
	YES.....	5
	<u>OTHER</u>	
	NO.....	1
	YES.....	5

W8. Do you think that your (MOTHER/FATHER/BOTH/OTHER) argue or fight with each other?

RECORD: _____

	<u>MOTHER</u>	
	MORE THAN MOST PARENTS.....	1
	SAME AS MOST PARENTS.....	2
	LESS THAN MOST PARENTS.....	3
	<u>FATHER</u>	
	MORE THAN MOST PARENTS.....	1
	SAME AS MOST PARENTS.....	2
	LESS THAN MOST PARENTS.....	3
	<u>OTHER</u>	
	MORE THAN MOST PARENTS.....	1
	SAME AS MOST PARENTS.....	2
	LESS THAN MOST PARENTS.....	3

W9. Everyone gets fussy and crabby some of the time, but some people seem to be fussy and crabby most of the time. What about your parents? Are they...

RECORD: _____

MOTHER
MORE FUSSY AND CRABBY THAN MOST PARENTS?.....1
ABOUT THE SAME AS MOST PARENTS?.....2
LESS FUSSY AND CRABBY THAN MOST PARENTS?.....3

FATHER
MORE FUSSY AND CRABBY THAN MOST PARENTS?.....1
ABOUT THE SAME AS MOST PARENTS?.....2
LESS FUSSY AND CRABBY THAN MOST PARENTS?.....3

OTHER
MORE FUSSY AND CRABBY THAN MOST PARENTS?.....1
ABOUT THE SAME AS MOST PARENTS?.....2
LESS FUSSY AND CRABBY THAN MOST PARENTS?.....3

W10. Does it seem to you that _____ (MOTHER/FATHER/BOTH/OTHER) are tired out most of the time?

RECORD: _____

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

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

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

X: FAMILY RULES

X1A.	Does your family allow you to bring your friends home to spend time with you?	NO.....1
		YES...(SKIP TO X2A).....5

B. What is the reason your family doesn't allow your friends come over to visit?

RECORD: _____

X2A.	Do you go to your friends' houses to visit?	NO.....1
		YES...(SKIP TO X3A).....5

B. What is the reason you don't go to your friend's houses to visit?

RECORD: _____

X3A.	Do you have to let your family or someone know where you are whenever you are out of the house?	NO.....1
		YES.....5

B. If you don't let your family know where you are going are you...

IN NO TROUBLE AT ALL?...1
IN SOME TROUBLE?.....2
IN BIG TROUBLE?.....3

X4A.	Does your family have rules about T.V.? (PROBE FOR HOW MUCH TV THEY CAN WATCH AND WHAT KIND OF SHOWS.)	NO.....1
		YES.....5

IF NO, SKIP TO PEER RELATIONS, Q.Y1, P.111. OTHERS CONTINUE.

B. What are the rules?

RECORD: _____

Y: PEER RELATIONS

Y1.	Do you have any difficulty making friends or keeping friends?	NO.....1
		MAKING FRIENDS.....2
		KEEPING FRIENDS.....3
		MAKING AND KEEPING FRIENDS..4

Y2.	Do you have a best friend, or some best friends?	NO.....1
		YES.....5

Y3A. OMITTED.

B. OMITTED.

C. OMITTED.

Y4. OMITTED.

Y5A.	Do(es) your parents/other know most of your friends?	NO.....1
		YES.....5

B.	Do(es) your parents/other dislike any of your friends?	NO.....1
		YES...(SPECIFY).....5

RECORD: _____

<p>IF THERE IS MORE THAN ONE CHILD LIVING WITH THE FAMILY, CONTINUE WITH <u>SIBLING NETWORK</u>, Q.Z1, P.112. IF ONLY ONE CHILD, SKIP TO <u>SUBJECT COMMENTS</u>, P.113.</p>

Z: SIBLING NETWORK

Z1. All brothers and sisters fight some of the time. Do you think that you and your brothers/sisters fight...
 MORE THAN MOST BROTHERS/SISTERS?..1
 SAME AS MOST BROTHERS/SISTERS?....2
 LESS THAN MOST BROTHERS/SISTERS?..3

Z2. Even though you do sometimes fight with your brothers/sisters, would you say that you really like each other?
 MORE THAN MOST BROTHERS/SISTERS?..1
 SAME AS MOST BROTHERS/SISTERS?....2
 LESS THAN MOST BROTHERS/SISTERS?..3

Z3A. Do you and your brothers/sisters do anything together besides watching T.V.?
 NO.....(SKIP TO Z4).....1
 YES....(SPECIFY).....5

B. What sort of things do you do together?

RECORD: _____

Z4. In your family, do the older children take care of the younger ones?
 NO.....1
 YES.....5

(PROBE: HELPING WITH HOMEWORK, BABY SITTING, PLAYING WITH THEM?)

Z5. Do you ever tell your brothers/sisters about your problems, or worries?
 NO.....1
 YES.....5

Z6. Do you and your brothers/sisters talk about what's going on at school, or with your friends, things like that?
 NO.....1
 YES.....5

Z7. Do you and your brothers/sisters stick up for one another in arguments with your parents or with other kids?
 DOESN'T STICK UP.....1
 PARENTS.....2
 OTHER KIDS.....3
 BOTH.....4

TIME STARTED: ____:____:____
(-) (-)
USE 24 HOUR CLOCK

* OPTIONAL *
* *
* STRUCTURED ASSESSMENT RECORD OF ALCOHOLIC HOMES *
* (SARAH) *

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.	Does your (MOTHER/FATHER/BOTH/OTHER) drink beer, wine or other alcoholic beverages now, or have they 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.	Does your (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.

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 _____
E9.B Lost or gave up job _____
- 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 _____

2B. Do/did they 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?	<u>EVER</u>					<u>NOW</u>				
		MOTHER					MOTHER				
		1	2	3	4	5	1	2	3	4	5
	NO.....1	1	2	3	4	5	1	2	3	4	5
	DRINKING.....2										
	DRUGS.....3										
	BOTH.....4										
	CAN'T DISTINGUISH.....5	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 you or hurt your feelings?	MOTHER 1 2 3 4 5	MOTHER 1 2 3 4 5
	NO.....(SKIP TO Q.5A).....1		
	DRINKING.....2	FATHER 1 2 3 4 5	FATHER 1 2 3 4 5
	DRUGS.....3		
	BOTH.....4	OTHER 1 2 3 4 5	OTHER 1 2 3 4 5
	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 your friends were around?	MOTHER 1 2 3 4 5	MOTHER 1 2 3 4 5
	NO.....(SKIP TO Q.6).....1		
	DRINKING.....2	FATHER 1 2 3 4 5	FATHER 1 2 3 4 5
	DRUGS.....3		
	BOTH.....4	OTHER 1 2 3 4 5	OTHER 1 2 3 4 5
	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 you ever stop bringing your friends around because of drinking (or drug use) by your (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 _____ (MOTHER/FATHER/BOTH/OTHER) ever argue and fight when one of them 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 have you 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. Has your (MOTHER/FATHER/BOTH/OTHER) ever thrown things or broken things when s/he has 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 you or hurt you 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						
	NO.....(SKIP TO 10A).....1	1	2	3	4	5	1	2	3	4	5
	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), have you ever seen them 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						
	NO.....(SKIP TO 11A).....1	1	2	3	4	5	1	2	3	4	5
	DRINKING.....2										
	DRUGS.....3										
	BOTH.....4										
	CAN'T DISTINGUISH.....5										
	B. How often have you 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 1 2 3 4 5	MOTHER 1 2 3 4 5
	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)?	FATHER 1 2 3 4 5	FATHER 1 2 3 4 5
	NO.....(SKIP TO Q.12).....1	OTHER 1 2 3 4 5	OTHER 1 2 3 4 5
	DRINKING.....2		
	DRUGS.....3		
	BOTH.....4		
	CAN'T DISTINGUISH.....5		
B. How often did that happen to _____ (MOTHER/FATHER/BOTH/OTHER)?		MOTHER	FATHER
	EVERY DAY OR NEARLY EVERYDAY.....1	1	1
	ONCE OR TWICE A WEEK.....2	2	2
	ONCE OR TWICE A MONTH.....3	3	3
	LESS THAN ONCE OR TWICE A MONTH...4	4	4

		<u>EVER</u>	<u>NOW</u>
SARAH	12.	MOTHER 1 2 3 4 5	MOTHER 1 2 3 4 5
	Has _____ (MOTHER/FATHER/BOTH/OTHER) ever spent so much time drinking (or taking drugs) that s/he didn't have time to be with you or look after you?	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	13A.	MOTHER 1 2 3 4 5	MOTHER 1 2 3 4 5
	Has _____ (MOTHER/FATHER/BOTH/OTHER) ever given you <u>extra</u> jobs at home, because of drinking (or taking drugs)?	FATHER 1 2 3 4 5	FATHER 1 2 3 4 5
	NO.....(SKIP TO Q.14).....1	OTHER 1 2 3 4 5	OTHER 1 2 3 4 5
	DRINKING.....2		
	DRUGS.....3		
	BOTH.....4		
	CAN'T DISTINGUISH.....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 you ever try to stay out of their 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. Have you 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	1 2 3 4 5	1 2 3 4 5
	CAN'T DISTINGUISH.....5		

B. Where did you go?
 (PROBE FOR FRIENDS, RELATIVES, PLACES WHERE TEENAGERS HANG OUT, LIKE ARCADES, FAST FOOD PLACES, MALLS, OTHER PLACES.)

INTERVIEWER ASK: WHAT DID YOU DO WHEN YOU WERE 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.	Have you ever worried about _____ (MOTHER/ FATHER/BOTH/OTHER) drinking (or drug taking) when you are away from the house, like when you are 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	OTHER
		DRINKING.....2	1 2 3 4 5	1 2 3 4 5
		DRUGS.....3		
		BOTH.....4		
		CAN'T DISTINGUISH.....5		

SARAH	17.	Have you ever gotten upset and nervous when you 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	OTHER
		DRINKING.....2	1 2 3 4 5	1 2 3 4 5
		DRUGS.....3		
		BOTH.....4		
		CAN'T DISTINGUISH.....5		

SARAH	18.	Whenever (MOTHER/FATHER/BOTH/OTHER) has been drinking (or taking drugs), have you ever gone to them 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	OTHER
		DRINKING.....2	1 2 3 4 5	1 2 3 4 5
		DRUGS.....3		
		BOTH.....4		
		CAN'T DISTINGUISH.....5		

SARAH	19.	Have you 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	OTHER
		DRINKING.....2	1 2 3 4 5	1 2 3 4 5
		DRUGS.....3		
		BOTH.....4		
		CAN'T DISTINGUISH.....5		

			<u>EVER</u>	<u>NOW</u>
SARAH	20.	Have you 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

WEIGHT CHART

Girls											
Height	Age (years)										
	7	8	9	10	11	12	13	14	15	16	17
3'4"	36										
3'5"	37										
3'6"	39										
3'7"	41	41									
3'8"	42	42									
3'9"	45	45	45								
3'10"	47	48	48								
3'11"	50	50	50	50							
4'	52	52	52	53	53						
4'1"	54	55	55	56	56						
4'2"	56	57	58	59	61	62					
4'3"	59	60	61	61	63	65					
4'4"	63	64	64	64	65	67					
4'5"	66	67	67	68	68	69	71				
4'6"	69	69	70	70	71	71	73	73			
4'7"	72	72	74	74	74	75	77	78			
4'8"	78	75	76	78	78	79	81	83			
4'9"	81	78	80	82	82	82	84	88	92		
4'10"	81	81	84	84	86	86	88	93	96	101	
4'11"				87	90	90	92	96	100	103	104
5'				91	95	95	97	101	105	108	109
5'1"				93	99	100	101	105	108	112	113
5'2"				96	104	105	106	109	113	115	117
5'3"				99	108	110	110	112	116	117	119
5'4"				102	108	114	115	117	119	120	122
5'5"				105		118	120	121	122	123	125

Boys											
Height	Age (years)										
	7	8	9	10	11	12	13	14	15	16	17
3'4"			36								
3'5"	38		38								
3'6"	39	39	40								
3'7"	41	41	42								
3'8"	44	44	44								
3'9"	46	45	46	46							
3'10"	48	48	48	48							
3'11"	50	50	50	50							
4'	53	53	53	53							
4'1"	55	55	55	55	55						
4'2"	58	58	58	58	58	58					
4'3"	61	61	61	61	61	61					
4'4"	63	64	64	64	64	64	64				
4'5"	66	67	67	67	67	68	68				
4'6"	69	70	70	70	70	71	71	72			72
4'7"		72	72	73	73	74	74	74	77		74
4'8"		75	76	77	77	77	78	78	80		78
4'9"		78	79	80	81	81	82	83	83		83
4'10"			83	84	84	85	85	86	87		86
4'11"			87	87	88	89	89	90	90	90	90
5'				91	92	92	93	94	95	96	94
5'1"				95	95	96	97	99	100	103	99
5'2"				99	100	101	102	103	104	107	103
5'3"				103	105	106	107	108	110	113	108
5'4"						109	111	113	115	117	113
5'5"						114	117	118	120	122	118

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).