

C-SSAGA-C-II

RESPONDENT'S I.D.: ___ ___ ___ ___ ___ ___ ___ ___

SITE I.D.: (Choose one)

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

INTERVIEWER'S I.D.: ___ ___

DATE OF INTERVIEW: ___ ___ / ___ ___ / ___ ___ ___ ___
 MONTH DAY YEAR

TIME STARTED: ___ ___ : ___ ___

(USE 24-HOUR CLOCK)

TIME ENDED: ___ ___ : ___ ___

TYPE OF INTERVIEW: (Choose one)

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

DATE EDITED: ___ ___ / ___ ___ / ___ ___ ___ ___
 MONTH DAY YEAR

DATE ENTERED: ___ ___ / ___ ___ / ___ ___ ___ ___
 MONTH DAY YEAR

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SARAH

SUBJECT COMMENTS

INTERVIEWER OBSERVATIONS

INTERVIEWER NARRATIVE

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 your school.

If I ask you a question that you don't wish to answer, just say so, and we'll skip to the next one. If you don't understand a question, please let me know and I will try to explain it to you. It is also important for you to remember that I won't tell anyone what you tell me - your parent(s) will never know your answers, unless I find out that you or somebody might be getting badly hurt.

**IF YOU HAVE ALREADY CODED INFORMATION FOR A1-A16A FROM PHONE CONTACT WITH PARENT;
SKIP TO B1, P.5. OTHERWISE, CONTINUE.**

A1. Gender (OBSERVED) MALE 1
FEMALE 2

A2A. How tall are you? _____ - _____
FT. INCHES
B. How much do you weigh? _____ LBS.

(A3) A3A. How old are you? _____ AGE

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

(A4) B. When is your birthday? _____ / _____ / _____
MONTH DAY YEAR

IF CHILD DOES NOT KNOW YEAR OF BIRTH, USE A3A TO CALCULATE.

INTERVIEWER GO TO CARD A.

(A2) A4. OMITTED

A5A. What grade are you in? _____ GRADE

**CODE CURRENT GRADE AND SKIP TO A7A.
IF SUMMER, CODE LAST GRADE COMPLETED AND SKIP TO A7A.
IF NOT IN SCHOOL, CODE -1 AND CONTINUE.**

B. Why aren't you in school? EXPELLED 2
SPECIFY: _____ ILLNESS 3
OTHER . . . (SPECIFY) . . . 5

1. How old were you when you (left/were expelled from) school? _____ AGE

2. What was the last grade you completed? _____ GRADE

3. OMITTED

A6. OMITTED

- (A7) A7A. Tell me who lives in your home and how old they are.
(DO NOT PRESS THE YOUNGER CHILDREN FOR AGES.)

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

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

- (A8) B. Do you have any brothers or sisters who live away from home? NO (SKIP TO A8A) . 1
YES . (SPECIFY) . . 5

SPECIFY RELATIONSHIPS: _____

C. How many? _____ SIBS

- (A9) A8A. Is your real (biological) father living with you? NO 1
YES (SKIP TO A10A) 5

B. Why isn't your real (biological) father living with you now? **READ OPTIONS:**

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

SPECIFY OTHER: _____

- (A10) A9A. How often do you see your real (biological) father?

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

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

- (A11) A10A. Is your real (biological) mother living with you? NO 1
YES (SKIP TO A12) . 5
- B. Why isn't your real (biological) mother living with you now? **READ OPTIONS:**
SEPARATED 1
DIVORCED 2
SPECIFY OTHER: _____ DIED . . (SKIP TO A12) . 3
PARENTS NEVER MARRIED . . 4
OTHER . . . (SPECIFY) . . 5

- (A12) A11A. How often do you see your real (biological) mother?
NEVER (SKIP TO A12) . . . 0
COUPLE OF TIMES A WEEK. . . . (SKIP TO A12) . . . 1
ONCE A WEEK (SKIP TO A12) . . . 2
EVERY TWO WEEKS (SKIP TO A12) . . . 3
ONCE A MONTH (SKIP TO A12) . . . 4
ONCE A YEAR (SKIP TO A12) . . . 5
LESS THAN ONCE A YEAR (SKIP TO A12) . . . 6
VACATIONS/SCHOOL BREAKS ONLY . . (CONTINUE) . . . 7
- B. About how many days a year do you get to see her? _____ DAYS

- (A13) A12. Now I'd like to ask you some questions about your health.

GIRLS AGES 7-8, AND ALL BOYS, SKIP TO A12B.

- A. Have you started your menstrual (monthly) period? NO . . (SKIP TO B) . . 1
YES 5
1. How old were you when you had your first menstrual (monthly) period? _____ AGE
- B. Have there been times when you had lots of headaches or stomachaches? NO 1
HEADACHES 2
STOMACHACHES 3
BOTH 4
- C. Have you gone to the doctor a lot? NO . (SKIP TO A14A) . 1
YES 5
- D. What kinds of things did you go to the doctor for?
(Did you go to the doctor for the headaches or stomachaches?)

A13. OMITTED

- A14A. Have you ever gone to the emergency room? NO . . . (SKIP TO B) . . 1
YES . . . (SPECIFY) . . . 5
- SPECIFY: _____

1. How many times in your life have you gone to the emergency room? _____ TIMES
- B. Have you ever stayed in the hospital overnight or longer? NO . . . (SKIP TO A16) . . 1
YES . . . (SPECIFY) . . . 5

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

A15. OMITTED

A16. Has there ever been a time when you were NO (SKIP TO B1, P.5) 1
 having troubles or problems and went to talk YES . . (SPECIFY) . . 5
 to someone about them? For example, a school
 counselor, someone at your church/temple, a
 doctor, or anyone else outside the family?

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

IF YES, ASK WHO WAS SEEN, AGE, AND WHY.

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

PERSON SEEN:

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

SPECIFY OTHER: _____

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

B1. I'd like to know what your grades are like in school.
Are they . . .

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

B2A. Have your grades always been that way? NO 1
YES . . . (SKIP TO B5A) . . . 5

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

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

B3. In which grade did you get your best grades?

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

1ST GRADE OF
HIGH MARKS

SPECIFY REASON(S): _____

2ND GRADE OF
HIGH MARKS

3RD GRADE OF
HIGH MARKS

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

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

B4. In which grade did you get your worst grades?

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

1ST GRADE OF
LOW MARKS

SPECIFY REASON(S): _____

2ND GRADE OF
LOW MARKS

3RD GRADE OF
LOW MARKS

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

(B6) B5A. Have you ever skipped a grade? NO . (SKIP TO C) 1
YES 5

B. Which grade(s) did you skip? ____ GRADE
____ GRADE
____ GRADE

(B7) C. 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 . (SPECIFY) . 5

SPECIFY: _____

(B5) B6A. Have you ever repeated a grade in school? NO . (SKIP TO C) 1
CODE NO IF ONLY DUE TO ILLNESS YES . (SPECIFY) . 5

SPECIFY WHY: _____

B. Which grade(s) did you repeat? ____ GRADE
____ GRADE
____ GRADE

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

C. Have you ever been in a special group for kids who were not doing well in their schoolwork? NO 1
YES . (SPECIFY) . 5

SPECIFY: _____

(B8) B7A. Do you play any sports just for fun, like hockey, baseball, basketball, or soccer? Do you skate or swim? Anything else? NO 1
YES . (SPECIFY) . 5

ALL KINDS OF EXERCISE COUNT; THAT IS, AEROBICS, BIKING, ETC.

SPECIFY: _____

B. Have you ever been on a sports team, that is a team with a coach or a parent acting as a coach? NO .(SKIP TO B8A) 1
YES . (SPECIFY) . 5

SPECIFY TEAMS: _____

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

D. How many hours a week do/did you spend on team practice and games? 1-4 HOURS 1
5-9 HOURS 2
10+ HOURS 3

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

(B9) B8A. Do you do any other things after school or on the weekends like music lessons, choir, scouts, religious programs, weekend classes, or anything else like that? NO .(SKIP TO B11) 1
YES . (SPECIFY) . 5

SPECIFY ACTIVITIES:_____

B. How many hours a week do you spend in after-school or weekend activities? 1-4 HOURS 1
5-9 HOURS 2
10+ HOURS 3

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

B9. OMITTED

B10. BLANK

(B12) B11. How often do you find that you're bored? NEVER? 1
Is it ONLY OCCASIONALLY? . . 2
SOME OF THE TIME? . . . 3
MOST OF THE TIME? . . . 4

B12A. OMITTED

B. Have you ever been left at home alone at night? NO . .(SKIP TO B13A) . 1
YES 5

C. What was the reason?_____ **PARENT'S**
WORK SCHEDULE 1
RECREATION 2
OTHER RESPONSIBILITIES 3
UNKNOWN 4
OTHER 5

D. Did this happen ... A LITTLE 1
SOMETIMES 2
A LOT 3

(B14) B13A. Have you ever won a contest or received a prize or an award for anything? NO .(SKIP TO C1A, P.8) 1
YES 5

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

B. Tell me about it.

EVENT

AGE

C. Were these very important for you, VERY IMPORTANT 1
not a big deal, or somewhere in between? NO BIG DEAL 2
IN BETWEEN 3

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. Some of these things may have happened when you were younger. I'd like you to think about your whole life, including now.

ADHD4A1a ICDG1-1	C1A.	Have you had a <u>really</u> hard time doing your schoolwork or homework, because you had so much trouble remembering all the little things you had to do?	NO	1
			YES	5
	B.	Have you made <u>a lot</u> of careless mistakes in your schoolwork or homework?	NO	1
			YES	5
(C7A) ADHD3RA7 ADHD4A1b ICDG1-2	C2A.	Have you spent <u>a lot</u> of time daydreaming or thinking about something else when you should have been keeping your mind on schoolwork, homework, or anything else you're doing?	NO	1
			YES	5
		(EXAMPLE: HAS THE TEACHER TOLD YOU THAT YOU WEREN'T PAYING ATTENTION TO YOUR WORK?)		
(C7B) ADHD3RA7 ADHD4A1b ICDG1-2	B.	When playing games (or participating in sports) have you had <u>a lot</u> of trouble paying attention to the rules or remembering whose turn it was?	NO	1
			YES	5
		(EXAMPLE: DID OTHER KIDS GET UPSET WITH YOU BECAUSE YOU DIDN'T PAY ATTENTION TO WHAT WAS GOING ON?)		
(C12) ADHD3RA12 ADHD4A1c ICDG1-3	C3.	Have you felt that when people talk to you, you have <u>often</u> forgotten what they've just said?	NO	1
			YES	5
(C6) ADHD3RA6 ADHD4A1d ICDG1-4	C4.	Have you had <u>a lot</u> of problems understanding what you were supposed to do, even after the teacher or your parents explained it to you?	NO	1
			YES	5
		(EXAMPLE: DID YOUR PARENTS OR TEACHERS SAY THAT YOU NEVER GOT THINGS DONE, OR THAT YOU QUICKLY FORGOT WHAT YOU WERE SUPPOSED TO DO?)		
ADHD4A1e ICDG1-5	C5.	When getting ready to do homework or play a game, have you found that you never had all the things you needed?	NO	1
			YES	5
ADHD4A1f ICDG1-6	C6.	Have you <u>really</u> disliked doing schoolwork or homework, because it has been <u>so hard to sit still and pay attention</u> ?	NO	1
			YES	5

IF NO 5'S IN C1A-C6, SKIP TO C11.
OTHERS, CONTINUE.

(C13) ADHD3RA13 ADHD4A1g ICDG1-7	C7.	Have you lost things <u>a lot</u> , like pencils, notebooks, or papers from school?	NO 1 YES . . (SPECIFY) . . 5
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OTHER EXAMPLES MIGHT BE LOSING THE KEYS TO THE HOUSE OR LOSING YOUR HOMEWORK.

SPECIFY: _____

(C3) ADHD3RA3 ADHD4A1h ICDG1-8	C8.	Have you <u>often</u> had a <u>really</u> hard time getting your schoolwork or other things done when something else is going on around you?	NO 1 YES . . (SPECIFY) . . 5
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(**EXAMPLE:** DOES ANY LITTLE SOUND TAKE YOUR MIND OFF OF WHAT YOU ARE SUPPOSED TO BE DOING?)

SPECIFY: _____

ADHD4A1i ICDG1-9	C9.	Have you <u>often</u> forgotten to do things that you were supposed to do? For example, have you forgotten to bring your homework home or have your permission slip signed?	NO 1 YES . . (SPECIFY) . . 5
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SPECIFY: _____

(C8) ADHD3RA8	C10.	Have you <u>often</u> started doing one thing and then changed to something else without finishing the first thing?	NO 1 YES . . (SPECIFY) . . 5
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(**EXAMPLE:** HAVE YOU LEFT THINGS UNFINISHED A LOT OF THE TIME, LIKE GAMES OR PUZZLES?)

SPECIFY: _____

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

(C11) ADHD3RA11 ADHD4A2i ICDG3-3	C13.	Have adults <u>often</u> said that you jump in and start talking when you shouldn't, or have your friends often said that you butt into their games or activities, without being asked?	NO 1 YES 5
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ADHD3RA14 C14. Have you often done careless things, like running NO 1
into the street without looking, running into YES . . (SPECIFY) . . 5
things because you didn't look where you were
going, or climbing up on things that were
dangerous?

(**EXAMPLE:** HAVE YOUR PARENTS OR TEACHERS OFTEN SAID THAT YOU SHOULD BE MORE CAREFUL?)

SPECIFY: _____

IF YES, ASK "DID YOU DO THESE THINGS BECAUSE YOU DIDN'T THINK ABOUT WHAT MIGHT HAPPEN OR BECAUSE YOU THOUGHT IT WAS EXCITING?"
CODE 5 ONLY IF RESPONDENT DIDN'T THINK ABOUT WHAT MIGHT HAPPEN.

(C1) C15. Have you often been fidgety or restless? That is, NO 1
ADHD3RA1 fiddling with your hands, jiggling your feet, or YES 5
ADHD4A2a twisting around in your seat?
ICDG2-1

(C2) C16. Have you had a lot of trouble staying in your seat NO 1
ADHD3RA2 at school or home? YES 5
ADHD4A2b
ICDG2-2

(**EXAMPLE:** HAVE YOU OFTEN BEEN TOLD TO STAY IN YOUR SEAT, OR TO STOP GETTING UP FROM THE DINNER TABLE AT HOME?)

ADHD4A2c C17. Have you run around a lot or climbed on things NO 1
ICDG2-3 when your teachers or parents told you to be YES 5
still?

IF NO 5'S IN C11-C17, SKIP TO BOX C20.
OTHERS, CONTINUE.

(C9) C18. Has it been really hard for you to do anything NO 1
ADHD3RA9 quietly by yourself or with other kids? YES 5
ADHD4A2d
ICDG2-4

(**EXAMPLE:** HAS THE TEACHER OFTEN TOLD YOU THAT YOU WERE TOO NOISY, THAT YOU RAN AROUND A LOT, OR THAT YOU WERE NOT ABLE TO BE QUIET?)

ADHD4A2e C19. Have grownups often said that you just couldn't NO 1
ICDG2-5 slow down; that you were always moving around or YES 5
on the go?

ADHD3RA10 C20. Have grownups or your friends told you that you NO 1
ADHD4A2f talked all the time or that you never stopped YES 5
ICDG3-4 talking?

BOX C20:
IF 3 OR FEWER BOXES IN C1-C20 HAVE A 5 CODED; SKIP TO D1, P.13.
OTHERS, CONTINUE.

(C15A) C21A. How old were you when things like (NAME 5'S IN C1A-C20) AGE ONS: _____
 ADHD3RB started happening? ONS: 1 2 3 4 5
 ADHD4B
 ICDG4

(**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.

B. How old were you the last time? AGE REC: _____
 REC: 1 2 3 4 5

(C15E) C. Did these things last for six months or longer? NO 1
 ADHD3RA YES 5
 ADHD4A
 ICDG1

(C15D) D. Did most of these things happen around the same NO 1
 ADHD3RA time (**for example**, in the same grade)? YES 5

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

	<u>COL. I</u>		<u>COL. II</u>		
	<u>NO</u>	<u>YES</u>			
ADHD4D C22A. Because of (NAME POSITIVES IN C1A-C20) did any of these ever happen? (CODE IN COL. I)					
1. Did your parents get annoyed at you a lot?	1	5	1	2	3
2. Were your parents very worried about you?	1	5	1	2	3
3. Did other kids not want you around?	1	5	1	2	3
4. Did the teacher tell your parent(s) you were having problems in school?	1	5	1	2	3
5. Did you get low grades in school?	1	5	1	2	3

C23A. Have your parents ever taken you to anyone like a doctor, a social worker, or anyone else because you were having problems like the ones we've been talking about? NO (SKIP TO D1, P.13) 1
YES 5

B. Did you see: NO YES

1. a psychiatrist or psychologist? 1 5
2. another medical doctor? 1 5
3. a school counselor or social worker? 1 5
4. someone like a minister, priest, or rabbi? 1 5
5. another person who helps children? . . (SPECIFY) 1 5

SPECIFY: _____

C. Did talking with (PERSON CHILD SAW) help you with your problem(s)? NO 1
YES 5

D. Did (PERSON CHILD SAW) give you any tests to find out more about the problem(s) you were having? NO 1
YES 5

E. Did you ever get any medicine for the problem(s) you were having? NO (SKIP TO D1, P.13) 1
YES 5

F. Do you know the name of the medicine(s)? NO 1
YES . . (SPECIFY) . . 5

SPECIFY: _____

CODE: ____ ____ ____

CODE: ____ ____ ____

CODE: ____ ____ ____

G. Are you still taking the medicine(s)? NO 1
YES . . (SKIP TO I) . . 5

H. How old were you when you stopped taking the medicine(s)? ____ AGE

I. After you started taking the medicine, did these problems start to get better? NO 1
YES 5

Now I'm going to ask you some more questions about the way some kids behave. I want to know if you behave this way more than most kids your age. Think about kids your age in general and not just about your close friends. Some of these things may have happened when you were younger. I'd like you to think about your whole life, including now.

**STANDARD PROBE: FOR EVERY "YES" ASK,
"Is it more than most kids your age?"**

ODD3RA1 ODD4A1 ODDICDG1-1	D1. Do you <u>often</u> lose your temper with grown-ups like your parents, or with your friends?	NO 1 YES 5
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(**EXAMPLE:** WOULD YOU OFTEN YELL, SCREAM OR TALK BACK TO THEM?)

ODD3RA2 ODD4A2 ODDICDG1-2	D2A. Do you argue <u>a lot</u> with your parents, your teachers, or other adults?	NO (SKIP TO D3A) 1 YES 5
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B. With whom do you argue a lot?

ODD3RA3 ODD4A3 ODDICDG1-3	D3A. Do you <u>often</u> just refuse to do things that your parents, teachers, or other adults have asked you to do?	NO .(SKIP TO D4) 1 YES 5
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(**EXAMPLE:** IF YOUR MOM ASKS YOU TO TAKE OUT THE GARBAGE, RUN AN ERRAND OR PICK UP YOUR JACKET, WOULD YOU JUST SAY "NO" IF YOU DIDN'T FEEL LIKE DOING IT? HAVE YOU GOTTEN INTO TROUBLE A LOT AT HOME OR SCHOOL FOR NOT FOLLOWING RULES OR NOT DOING WHAT YOU WERE TOLD?)

B. What kinds of things have you refused to do?

ODD3RA4 ODD4A4 ODDICDG1-4	D4. Do other people say that you are always doing things <u>on purpose</u> to annoy or bother them? For example, arguing, or teasing other kids when they don't want you to?	NO 1 YES 5
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DO NOT COUNT SIBLINGS.

ODD3RA5 ODD4A5 ODDICDG1-5	D5. When you get caught doing something wrong or when something bad happens to you, do you usually blame . . .	NO STANDARD PROBE FOR D5. READ OPTIONS: YOURSELF? 1 OTHERS? 2 SOME OF BOTH? . . . 3 NOBODY? 4
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(**EXAMPLE:** DO PEOPLE SAY THAT YOU MAKE TOO MANY EXCUSES?)

DO NOT COUNT SIBLINGS.

**IF ANY 5'S IN D1-D4 OR IF D5 IS CODED 2, CONTINUE.
OTHERS; SKIP TO E1A, P.16.**

**STANDARD PROBE: FOR EVERY "YES" ASK,
"Is it more than most kids your age?"**

ODD3RA6 D6. Do you often feel that people bug you or get on NO 1
ODD4A6 your nerves a lot? YES 5
ODD1CDG1-6

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

DO NOT COUNT SIBLINGS.

ODD3RA7 D7. Do you often get angry with your parents, NO 1
ODD4A7 teachers, or friends, because you feel they are YES 5
ODD1CDG1-7 being mean or unfair to you?

(**EXAMPLE:** HAVE YOU OFTEN FELT LIKE PEOPLE ARE ALWAYS DOING SOMETHING TO MAKE YOU ANGRY, OR TREATING YOU UNFAIRLY?)

DO NOT COUNT SIBLINGS.

ODD3RA8 D8A. When someone does something to you that you think NO .(SKIP TO D9) 1
ODD4A8 is mean, do you usually try to get back at them YES . (SPECIFY) . 5
ODD1CDG1-8 in some sneaky way?

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

DO NOT COUNT SIBLINGS.

B. What kind of things would you do?

ODD3RA9 D9. Do you use a lot of dirty words or curse words at NO 1
times when you shouldn't? YES 5

ODD3RA D10A. How old were you the (first/last) time things AGE ONS: ____ ____
ODD4A like (NAME POSITIVES IN D1-D9) happened? ONS: 1 2 3 4 5

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

AGE REC: ____ ____
REC: 1 2 3 4 5

ODD3RA B. Did (NAME POSITIVES) last for 6 months or longer? NO 1
ODD4A YES 5
ODD1CD

IF ONLY 1 POSITIVE SYMPTOM CODED IN D1-D9; SKIP TO E1A, P.16. OTHERS, CONTINUE.

ODD3RA C. Did most of the things like (NAME POSITIVES) NO 1
ODD4A happen around the same time (for example, in the YES 5
ODD1CD same grade)?

FOR EACH 5 IN COL. I, ASK

"Did this happen (1) a little, (2) somewhat, or (3) a lot?"
AND CODE IN COL. II

ODD4B

		<u>COL. I</u>		<u>COL. II</u>		
		<u>NO</u>	<u>YES</u>			
D11A.	Because of (NAME POSITIVES IN D1-D9), have any of the following things happened? (CODE IN COL. I)					
	1. Did your grades go down?	1	5	1	2	3
	2. Did your teachers get angry with you or tell you that you had a bad attitude?	1	5	1	2	3
	3. Did you feel very sad or lonely?	1	5	1	2	3
	4. Did you lose friends?	1	5	1	2	3
	5. Did your parents get really angry with you?	1	5	1	2	3
	6. Were you grounded or not allowed to do something you really wanted to do?	1	5	1	2	3
B. OMITTED						
C.	Were you sent to see a counselor or someone else who helps children?	NO	. . . . .	1		
		YES	. (SPECIFY)	5		
	SPECIFY: _____					

D.	Were you sent to juvenile court?	NO	. . . . .	1		
		YES	. (SPECIFY)	5		
	SPECIFY: _____					

E.	Anything else?	NO	. . . . .	1		
		YES	. (SPECIFY)	5		
	SPECIFY: _____					

- E1A. Have you ever had a chance to try smoking a cigarette or chewing tobacco? Maybe you didn't try it, but you could have if you wanted to? NO . (SKIP TO E2A) 1
YES 5
- B. How old were you the first time you had a chance to try smoking a cigarette, or chewing tobacco? AGE ONS: ____
ONS: 1 2 3 4 5
- C. Did you ever try smoking a cigarette? NO 1
YES 5
- D. Did you ever try chewing tobacco? NO 1
YES 5

IF YES TO C OR D, SKIP TO F. OTHERS, CONTINUE.

- E. Why didn't you try cigarettes (or chewing tobacco)?
- _____

SKIP TO E2A.

- F. How old were you the first time you actually tried smoking a cigarette (or chewing tobacco)? AGE ONS: ____
ONS: 1 2 3 4 5
- G. How old were you the last time you smoked a cigarette (or chewed tobacco)? AGE REC: ____
REC: 1 2 3 4 5
- H. Who first gave you a cigarette (or some chewing tobacco)? SELF 1
FRIEND/PEER 2
MINOR FAMILY 3
ADULT FAMILY 4
PARENT 5
OTHER . (SPECIFY) . 6
- SPECIFY OTHER: _____
- I. Who (usually) gets cigarettes (or chewing tobacco) for you? SELF 1
FRIEND/PEER 2
MINOR FAMILY 3
ADULT FAMILY 4
PARENT 5
OTHER . (SPECIFY) . 6
- SPECIFY OTHER: _____
- J. Did you enjoy your first experience with using tobacco... A LOT? 1
SOME? 2
A LITTLE? 3
NOT AT ALL? 4

SKIP TO E3.

- E2A. Do you know any kids who smoke cigarettes or chew tobacco? NO 1
YES 5
- B. Do any of the kids in your school smoke cigarettes or chew tobacco? NO 1
YES 5
- C. Do any of your friends smoke cigarettes or chew tobacco? NO 1
YES 5

IF NO 5'S IN E2A-C, SKIP TO F1A, P.22.

- D. How many times have you seen kids your age smoking cigarettes or chewing tobacco? _____ TIMES

SKIP TO F1A, P.22.

-
- | | | NO | YES |
|--------------------------------|---|----|-----|
| E3. | The first few times you used tobacco, did you... | | |
| 1. | cough? | 1 | 5 |
| 2. | feel dizzy or light-headed? | 1 | 5 |
| 3. | get a headache? | 1 | 5 |
| 4. | feel your heart racing? | 1 | 5 |
| 5. | feel sick to your stomach? | 1 | 5 |
| 6. | experience anything else, either good or bad? (IF YES, SPECIFY) | 1 | 5 |
| SPECIFY POSITIVE EFFECT: _____ | | 1 | 5 |
| SPECIFY NEGATIVE EFFECT: _____ | | 1 | 5 |
-

- | | | | |
|-----|---|--------------------------|---|
| E4. | In your whole life, have you (smoked 5 packs of cigarettes or used 30 pinches of snuff or tobacco)? | NO . (SKIP TO F1A, P.22) | 1 |
| | | YES | 5 |
-

FOR EACH 5 CODED IN E1C-D ASK:

- | | | CIGS | CHEW |
|------|---|-------------|-------|
| E5A. | When you were using tobacco the most, how many days per week did you (smoke cigarettes/use snuff or chewing tobacco)? | DAYS: _____ | _____ |

IF NOT AS OFTEN AS ONCE A WEEK, CODE 0 AND SKIP TO F1A, P.22.

- | | | | |
|----|--|----------------|-----------|
| B. | How many (cigarettes/pinches) did you usually (smoke/use) in a day? | UNITS: _____ | _____ |
| C. | For how long did you use this many? | MONTHS: _____ | _____ |
| D. | How old were you the (first/last) time you used (cigarettes/pinches) at that rate? | AGE ONS: _____ | _____ |
| | | ONS: 1 2 3 4 5 | 1 2 3 4 5 |
| | | AGE REC: _____ | _____ |
| | | REC: 1 2 3 4 5 | 1 2 3 4 5 |
-

E6A. Since you began using tobacco, what is the longest amount of time you have gone without using any tobacco? ____ ____ ____ UNITS

IF NEVER: CODE 000, CIRCLE DAYS, AND SKIP TO E9.

CODE UNITS:

DAYS	1
WEEKS	2
MONTHS	3
YEARS	4

B. How old were you when the longest time (began/ended)? AGE ONS: ____ ____
ONS: 1 2 3 4 5

AGE REC: ____ ____
REC: 1 2 3 4 5

E7. OMITTED

E8. OMITTED

Think about the time lasting a month or more when you were using tobacco the most.

E9. During the time when you were using tobacco the most, was it hard to keep from (smoking/using) in places where it was not allowed? For example, at school, in movie theaters, or when someone asked you not to?

NO	1
YES	5

E10. OMITTED

Now I'd like to ask you some questions about experiences people sometimes have with using tobacco.

IF QUIT, SAY: Since you don't use tobacco now, I'd like you to answer for when you used to use tobacco.

E11. OMITTED

E12A. Have you ever stopped doing things with any of your good friends because of your tobacco use?

NO	1
YES	5

B. Have you missed activities, club meetings, or sports practices you usually participated in because of your tobacco use?

NO	1
YES	5

IF BOTH A & B ARE NO, SKIP TO E13.

ND4-6 C. Did (5'S IN A & B) happen 3 or more times, or did it last a month or longer?

NO	1
YES	5

ND4-3 E13. Have you often used tobacco a lot more than you meant to or for more days in a row than you meant to? For example, smoking half a pack or more when trying to only smoke 1 or 2 cigarettes?

NO	1
YES	5

ND4-3 A. OMITTED

E14. Have you smoked in places where it was dangerous to smoke? For example, when in bed or a closet, or around things like gasoline, paint thinners, or cleaning fluids?

NO	1
YES	5

A. Has this happened 3 or more times?

NO	1
YES	5

B. OMITTED

ND4-4 E15. Have you often wanted to quit or cut down on using tobacco?

NO	1
YES . (SPECIFY) . .	5

SPECIFY REASON

- ND4-4
- A. Have you ever tried to quit or cut down on using tobacco? NO .(SKIP TO E16A) 1
YES 5
- B. Have you always been able to stop or cut down when you wanted to? NO 1
YES . (SKIP TO C) . 5
1. Have you more than once found you were unable to stop or cut down on using tobacco in any 12-month period? NO, ONLY ONCE . . . 1
YES, MORE THAN ONCE 5
- C. How old were you the (first/last) time you tried to quit or cut down? AGE ONS: ____
ONS: 1 2 3 4 5
- AGE REC: ____
REC: 1 2 3 4 5
- D. OMITTED
- E. Why did you try to quit or cut down on using tobacco? BAD FOR HEALTH . . 1
NO MONEY 2
DIDN'T LIKE IT . . 3
NOT COOL 4
OTHER . (SPECIFY) . 5
- SPECIFY OTHER: _____

- F. OMITTED
-

E16A. I'm going to ask you about some problems that you might have had after you stopped or cut down on using tobacco. Think about the time when you had the most problems after you stopped or cut down on using tobacco.
(CODE IN COLUMN I.)

	<u>COL. I</u>		<u>COL. II</u>		<u>COL. III</u>	
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
During that time. . .						
1. Were you crabby, angry, or grouchy? . . .	1	5	1	5	1	5
2. Were you nervous or scared?	1	5	1	5	1	5
3. Were you restless?	1	5	1	5	1	5
4. Did you have trouble keeping your mind on things?	1	5	1	5	1	5
5. Did it feel like your heart was slowing down?	1	5	1	5	1	5
6. Did you feel sad or unhappy?	1	5	1	5	1	5
7. Did you want tobacco so badly that you couldn't think of anything else?	1	5	1	5	1	5
8. Did you feel hungrier or gain weight? . .	1	5	1	5		
9. Did you have trouble sleeping?	1	5	1	5		

BOX E16:**HOW MANY 5'S ARE CODED IN COL. I?**

NONE (SKIP TO E20A) . 1
 1-3 (SKIP TO C) . . . 2
 4 OR MORE . (CONTINUE) . . . 3

ND4-2A

B. Did at least four of these (SX CODED 5) happen together in the first day and night after you stopped or cut down?

NO . (SKIP TO C) . 1
 YES 5

1. Which ones? (CODE IN COL. II.)

2. How old were you the (first/last) time?

AGE ONS: ____
 ONS: 1 2 3 4 5

AGE REC: ____
 REC: 1 2 3 4 5

FOR EACH 5 CODED IN E16A.1-7 IN COL. I, ASK C.

C. Did (SX) last for at least one whole day and night? (CODE IN COL. III.)

D. Have any of the problems you had after quitting or cutting down on tobacco often interfered with how you got along at home, school, or in other activities?

NO 1
 YES 5

ND4-2B

E. Did you keep using tobacco or go back to using it to make these problems go away, or to keep from having them again?

NO 1
 YES 5

E17. OMITTED

E18. OMITTED

E19. OMITTED

ND4-1A	E20A. After you had been (smoking/using tobacco) for awhile, did you start to need more (cigarettes/chews) each day?	NO . . . (SKIP TO C) . . . 1 YES 5
--------	--	---

ND4-1B	B. Was this a big increase? For example, if you used to smoke 10 cigarettes a day, did you increase to 15, or maybe you went from 20 to 30 cigarettes?	NO 1 YES . (SKIP TO F1A, P.22) 5
--------	---	---

	C. After you had been using tobacco for awhile, did you find tobacco had less effect on you than before?	NO 1 YES 5
--	--	-----------------------------------

E21. OMITTED

Now I'm going to ask you some questions about your use of alcohol. Because this is a study about alcohol, it is very important that you answer the questions as best as you can.

F1A. Have you ever had a chance to try alcohol? Maybe NO . (SKIP TO F2A) 1
you didn't try it, but you could have if you YES 5
wanted to?

B. How old were you the first time you had a chance to AGE ONS: ____
try alcohol? ONS: 1 2 3 4 5

C. Did you ever try it? NO . (SKIP TO E) . 1
1. OMITTED YES 5

D. How old were you the first time you actually AGE ONS: ____
tried alcohol? ONS: 1 2 3 4 5

SKIP TO F.

E. Why didn't you try it?

SKIP TO F2A.

(F1) F. Have you ever had a whole drink, like a can of NO 1
beer, a glass of wine, a wine cooler, a shot of YES . (SKIP TO F3A) 5
hard liquor (like gin, scotch or vodka) or any
other kind of drink with alcohol in it?

(F2) G. So you've never had one whole drink of alcohol? NEVER HAD A DRINK . 1
HAD A DRINK
(SKIP TO F3A) 5

F2A. Do you know any kids who drink alcohol? NO 1
YES 5

B. Do any of the kids in your school drink alcohol? NO 1
YES 5

C. Do any of your friends drink alcohol? NO 1
YES 5

IF NO 5'S IN F2A-C, SKIP TO G1A, P.39.

D. How many times have you seen kids your age
drinking alcohol? _____ TIMES

SKIP TO G1A, P.39.

(F3)	F3A.	How old were you when you had your very first whole drink?	AGE ONS: _____ ONS: 1 2 3 4 5
	B.	How old were you the last time you had a whole drink?	AGE REC: _____ REC: 1 2 3 4 5
	C.	Who gave you your first whole drink of alcohol?	SELF 1
		SPECIFY OTHER: _____	FRIEND/PEER 2
		_____	MINOR FAMILY 3
			ADULT FAMILY 4
			PARENT 5
			OTHER . . (SPECIFY) . . 6
	D.	Who (usually) gets alcohol for you?	SELF 1
		SPECIFY OTHER: _____	FRIEND/PEER 2
		_____	MINOR FAMILY 3
			ADULT FAMILY 4
			PARENT 5
			OTHER . . (SPECIFY) . . 6

IS E4 CODED 5?

NO . . (SKIP TO F4C) . .	1
YES	5

F4A.	When you drink, do you almost always smoke at the same time?	NO 1 YES 5
B.	OMITTED	
C.	Once you (started/tried) drinking, did you find that you were invited to more parties and activities, or to hang out with friends more often?	NO 1 YES 5
D.	Has drinking (usually) made you feel less shy or more relaxed with people?	NO 1 YES 5
E.	OMITTED	
F.	Has drinking helped you in any (other) way?	NO 1 YES . . (SPECIFY) . . 5
	SPECIFY: _____	

- (F4) F5A. While drinking, has one or two drinks of alcohol ever made you:
(CODE IN COL. A)
DO NOT COUNT IF ONLY ONE TYPE OF ALCOHOL CAUSES REACTION.

	<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
IF F5A1 = 5, ASK:				
a. Did you flush or blush a few minutes after only one drink?	1	5		
2. break out into a rash?	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

**FOR EACH 5 IN COL. A, ASK B.
OTHERS, SKIP TO F6A.**

- B. Did (Sx) ever keep you from drinking alcohol? (CODE IN COL. B)

- (F8) F6A. Let's talk about the last week. Did you drink NO . . (SKIP TO F7A) . 1
anything with alcohol in it during the last 7 YES 5
days?

- B. I'd like to know about the alcoholic drinks you have had each day in the
last week. Today is _____. Let's begin with yesterday.

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

**SEE CARD F FOR THE DEFINITION OF A STANDARD DRINK.
IF OTHER, RECORD SPECIFIC DRINK NAME.**

<u>Beer/Lite Beer</u>	<u>Wine</u>	<u>Liquor</u>	<u>Other</u>	<u>Specify Drink</u>
# Dr	# Dr	# Dr	# Dr	
M _____	_____	_____	_____	_____
Tu _____	_____	_____	_____	_____
W _____	_____	_____	_____	_____
Th _____	_____	_____	_____	_____
F _____	_____	_____	_____	_____
Sa _____	_____	_____	_____	_____
Su _____	_____	_____	_____	_____

F7A. Think about your use of alcohol over the past 6 months (**SUGGEST TIME MARKER.**) Did you drink anything with alcohol in it during the last 6 months? (So you (have/have not) had a drink with alcohol in it during the last 6 months?)

NO . . (SKIP TO C) . 1
YES, HAD A DRINK . . 5

(F9) B. I'd like to know about the alcoholic drinks that you would usually have in a typical week when you drank alcohol. Think about a week since (**REPEAT TIME MARKER**) that is an example of the way you usually drank. Let's start on the weekend. On a usual Friday night when you drank, how many (beers, coolers, etc.) would you have?

IF R VOLUNTEERS THAT DRINKING IN THE LAST WEEK WAS TYPICAL, CONFIRM AND RE-CODE AMOUNTS FROM F6 CHART.

**SEE CARD F FOR THE DEFINITION OF A STANDARD DRINK.
IF OTHER, RECORD SPECIFIC DRINK NAME.**

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

	<u>Beer/Lite Beer</u>	<u>Wine</u>	<u>Liquor</u>	<u>Other</u>	<u>Specify Drink</u>
	# Dr	# Dr	# Dr	# Dr	
M	_____	_____	_____	_____	_____
Tu	_____	_____	_____	_____	_____
W	_____	_____	_____	_____	_____
Th	_____	_____	_____	_____	_____
F	_____	_____	_____	_____	_____
Sa	_____	_____	_____	_____	_____
Su	_____	_____	_____	_____	_____

(F4C) C. How many drinks of alcohol have you had in your life? **IF DK, ASK C1.**

_____ DRINKS

1. **IF DK, Was it . . .**

PROBE ALL OPTIONS AND CODE THE LAST POSITIVE RESPONSE

6 OR FEWER	0
7 OR MORE	1
11 OR MORE	2
20 OR MORE	3
40 OR MORE	4

(F5) F8A. Have you ever gotten drunk, where you couldn't talk clearly and it was hard to keep your balance?

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

B. How old were you the very (first/last) time you got drunk, where you couldn't talk clearly and it was hard to keep your balance?

AGE ONS: _____
ONS: 1 2 3 4 5

AGE REC: _____
REC: 1 2 3 4 5

You said that you were (AGE IN F3A) years old when you first drank alcohol.

F9A. Was this during the summer, or was it during the school year? SUMMER 1
SCHOOL YR (SKIP TO C) 5

B. What grade would you have just completed? ____ GRADE

SKIP TO D

C. What grade would you have been in? ____ GRADE

D. I'm going to ask you some questions about your alcohol use in the past. I will talk about how old you were and what grade you would have been in. I would like your answer to include the time during the school year and the summer afterwards.

HAND R CARD F-1.

For some of the questions, I want you to pick from these answers. I will tell you which questions to use them with. Let's start with (NAME GRADE IN B/C) grade.

(In the/through the) ____ grade and the summer afterwards, (REPEAT QUESTIONS 1-8 FOR EACH GRADE UP TO THE PRESENT TIME).

RECORD FOR EACH GRADE:	1 & earlier	2	3	4	5	6	7
Age when entered:	--	--	--	--	--	--	--
1. How often did you usually drink alcohol? (REPEAT FREQUENCY OPTIONS)	--	--	--	--	--	--	--
2. <u>On average</u> , how many drinks did you usually have each time you drank? (USE "STANDARD" DRINK AND RECORD NUMBER)	--	--	--	--	--	--	--
3. What was the <u>most</u> that you ever drank at one time in the ____ grade? (USE "STANDARD" DRINK AND RECORD NUMBER)	--	--	--	--	--	--	--
4. How often did you drink this amount? REFER TO NUMBER OF DRINKS ABOVE. (REPEAT FREQUENCY OPTIONS)	--	--	--	--	--	--	--
5. What is the <u>least</u> number of drinks you ever drank when you were drinking in the ____ grade? (USE "STANDARD" DRINK AND RECORD NUMBER)	--	--	--	--	--	--	--
6. About how often did you drink enough to get a little buzzed? (REPEAT FREQUENCY OPTIONS)	--	--	--	--	--	--	--
7. About how often did you drink enough to get drunk? (REPEAT FREQUENCY OPTIONS)	--	--	--	--	--	--	--
8. How often did you drink enough to stay drunk for at least a whole day or longer? (REPEAT FREQUENCY OPTIONS)	--	--	--	--	--	--	--

FREQUENCY CODES (For Questions 1, 4, 6, 7, 8):

Daily	01	3-4 times/month	04	1-2 times ever	07
4+ times/week	02	1-2 times/month	05	NEVER	08
2-3 times/week	03	Once every 2-4 months	06	NA/DK	-9

F10. OMITTED

F11A. What is the largest number of drinks you have ever had in a 24-hour period? I mean whole drinks, like a can of beer or a shot of hard liquor, not just sips.

___ DRINKS

IF LESS THAN 3, SKIP TO G1A, P.39.

B. How many times have you had at least 3 drinks in a 24-hour period?

___ TIMES

IF LESS THAN 2, SKIP TO G1A, P.39.

C. How old were you the (first/last) time you had 3 or more drinks in a 24-hour period?

AGE ONS: ___
ONS: 1 2 3 4 5

AGE REC: ___
REC: 1 2 3 4 5

Now I'm going to ask you about how things may have changed for you since you started drinking.

(F19) F12A. Have you ever needed to drink a lot more alcohol than you used to in order to get a little buzzed or get drunk? For example, did you once need 2 beers to feel "buzzed", but later needed to drink 3 beers to feel the same way? NO . . (SKIP TO F) . 1
YES 5

B. When you first started drinking, how many drinks did it take for you to get "buzzed"? ____ DRINKS

C. How many drinks did you increase to? ____ DRINKS

D. WAS INCREASE TO 4 DRINKS OR MORE?	NO...(SKIP TO F)...1
	YES.....5
E. WAS INCREASE 50% OR MORE?	NO.....1
	YES..(SKIP TO G) ..5 *

AD3RA7
AD4-1a
ADICDA4

F. Have you ever found that you couldn't get an effect when you drank the same amount you used to? NO . (SKIP TO F13A) 1
YES 5

AD3RA7
AD4-1b
ADICDA4

1. When you first started drinking, how many drinks did it take for you to get an effect? ____ DRINKS

2. How many drinks did you increase to? ____ DRINKS

3. WAS INCREASE TO 4 DRINKS OR MORE?	NO..(SKIP TO F13A)..1
	YES.....5
4. WAS INCREASE 50% OR MORE?	NO..(SKIP TO F13A)..1
	YES.....5 *

G. How old were you the (first/last) time? AGE ONS: ____
ONS: 1 2 3 4 5

AGE REC: ____
REC: 1 2 3 4 5

(F20)	F13A. Have you often wanted to stop or cut down on	NO . . (SKIP TO C) .	1
AD3RA2/B	how much you drank?	YES	5 *
ADICD2			
AD4-4	B. How old were you the (first/last) time?	AGE ONS: _____	
		ONS: 1 2 3 4 5	
		AGE REC: _____	
		REC: 1 2 3 4 5	
	C. Have you ever tried to stop or cut down on	NO (SKIP TO F15A)	1
	drinking?	YES	5
AD3RA2	1. Were you always able to stop or cut down	NO, UNABLE	1 *
FGNALCB1	on drinking?	YES (SKIP TO F15A)	5
	2. Have you been unable to stop or cut down on	NO	1
AD4-4	drinking 3 or more times?	YES	5 *
ADICDA2			
	3. How old were you the (first/last) time?	AGE ONS: _____	
		ONS: 1 2 3 4 5	
		AGE REC: _____	
		REC: 1 2 3 4 5	

F14. OMITTED

(F21)	F15A. Have you ever drank <u>much more</u> than you really	NO (SKIP TO F16A)	1
FGNALCB1	meant to?	YES	5
	B. How old were you the (first/last) time?	AGE ONS: _____	
		ONS: 1 2 3 4 5	
		AGE REC: _____	
		REC: 1 2 3 4 5	
AD3RA1/B	C. Did this happen 3 or more times?	NO	1
AD4-3		YES	5 *
ADICDA2			

(F22)	F16A. Have you ever started drinking one or two	NO (SKIP TO F18A)	1
	drinks and then ended up drinking for a <u>longer</u>	YES	5
	<u>time</u> than you really wanted to?		
	(PROBE: DID YOU MEAN TO STOP AFTER AWHILE, BUT YOU KEPT ON DRINKING?)		
	B. How old were you the (first/last) time?	AGE ONS: _____	
		ONS: 1 2 3 4 5	
		AGE REC: _____	
		REC: 1 2 3 4 5	
AD3RA1/B	C. Did this happen 3 or more times?	NO	1
AD4-3		YES	5 *
ADICDA2			

F17. OMITTED

(F28)	F18A. Have you ever spent <u>a lot</u> of time getting alcohol, drinking alcohol, or trying to feel better after drinking alcohol?	NO (SKIP TO F19A)	1
		YES	5
AD3RA3 AD4-5 ADICDA5	B. Did this time last for a month or more, or did you have 3 or more times like that?	NO (SKIP TO F19A)	1
		YES	5 *
	C. How old were you the (first/last) time?	AGE ONS: ____	
		ONS: 1 2 3 4 5	
		AGE REC: ____	
		REC: 1 2 3 4 5	

(F18)	F19A. Have you ever stopped doing things with any of your good friends because of your drinking?	NO	1
		YES	5
	B. Have you missed activities, club meetings, or sports practices you usually participated in because you were drinking, drunk, or hung over?	NO	1
		YES	5

IF BOTH A & B ARE NO, SKIP TO F20A.

	C. How old were you the (first/last) time (NAME 5'S IN F19A & B) happened?	AGE ONS: ____	
		ONS: 1 2 3 4 5	
		AGE REC: ____	
		REC: 1 2 3 4 5	

AD3RA5/B
AD4-6
ADICDA5

	D. Did this happen 3 or more times or for a month or more?	NO	1
		YES	5 *

(F17)	F20A. Have you ever been drunk for 2 days or more without sobering up, except for when you were sleeping?	NO (SKIP TO F21A)	1
		YES	5
	B. Did this keep you from doing your schoolwork, homework, chores, or other things you were supposed to do?	NO (SKIP TO F21A)	1
		YES	5
	C. How old were you the (first/last) time?	AGE ONS: ____	
		ONS: 1 2 3 4 5	
		AGE REC: ____	
		REC: 1 2 3 4 5	

AD3RA4/B
ADICDA5
FGNALCA4

AA4A1

	D. Did this happen 3 or more times?	NO (SKIP TO F21A)	1
		YES	5 *
	E. Did this happen 3 or more times in any 12-month period?	NO	1
		YES	5

F21A. Have you ever passed out from drinking? NO 1
YES 5

FGNALCA3

B. Have you ever had blackouts? That is, you did NO (SKIP TO F24A) 1
not pass out while drinking, but you drank YES 5
enough so that the next day you couldn't
remember things you had said or done?

C. How old were you the (first/last) time? AGE ONS: ____
ONS: 1 2 3 4 5

FGNALCA3

AGE REC: ____
REC: 1 2 3 4 5

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

F22. OMITTED

F23. OMITTED

FGNALCB4

F24A. Have you ever drank unusual things such as NO (SKIP TO F26D) 1
mouthwash or cough syrup (like Nyquil) to get YES . . (SPECIFY) . 5
an effect, "buzzed", or drunk?

SPECIFY: _____

B. How old were you the (first/last) time? AGE ONS: ____
ONS: 1 2 3 4 5

AGE REC: ____
REC: 1 2 3 4 5

F25. OMITTED

(F26) F26A. OMITTED

B. OMITTED

C. OMITTED

FGNALCC2

D. When you've been drinking, have you ever ridden in a car when the driver had been drinking or using drugs?

NO . (SKIP TO G) 1
YES 5

E. How old were you the (first/last) time this happened?

AGE ONS: ____
ONS: 1 2 3 4 5AD3RA4/B
AA3RA2/BAGE REC: ____
REC: 1 2 3 4 5

AA4A2

F. Has this happened 3 or more times in your life?

NO . (SKIP TO G) 1
YES 5 *

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

NO 1
YES 5

G. When you have been drinking alcohol, have you ever done anything else that might have gotten you hurt; for example, riding your bike or skateboard, rollerblading, climbing, crossing against traffic, swimming, or anything else that might be dangerous?

NO (SKIP TO F28A) 1
YES . (SPECIFY) . 5

SPECIFY: _____

AD3RA4/B
AD3RA2/B

AA4A2

H. How old were you the (first/last) time this happened?

AGE ONS: ____
ONS: 1 2 3 4 5AGE REC: ____
REC: 1 2 3 4 5

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

NO (SKIP TO F28A) 1
YES 5 *

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

NO 1
YES 5

J. OMITTED

K. OMITTED

F27. BLANK

F28A. Have you ever skipped school or cut class so you could drink?

NO (SKIP TO F29A) . 1
YES 5

B. How old were you the (first/last) time?

AGE ONS: ____
ONS: 1 2 3 4 5AGE REC: ____
REC: 1 2 3 4 5

C. Did this happen 3 or more times?

NO 1
YES 5

F29A. Have you ever gone to school drunk or hung over? NO (SKIP TO F30A) . 1
YES 5

B. How old were you the (first/last) time? AGE ONS: ____
ONS: 1 2 3 4 5

AGE REC: ____
REC: 1 2 3 4 5

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

F30A. Have you ever had a drink or gotten drunk at school? NO (SKIP TO F31A) . 1
YES 5

B. How old were you the (first/last) time? AGE ONS: ____
ONS: 1 2 3 4 5

AGE REC: ____
REC: 1 2 3 4 5

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

(F15)	F31A.	Have you ever missed any school because you were drunk or hung over?	NO	1
			YES	5
(F16)	B.	Have your grades gone down when you were drinking, drunk, or hung over?	NO	1
(F18)			YES	5
	C.	OMITTED		
(F15)	D.	Have you had any other problems at school because you were drinking, drunk, or hung over?	NO	1
			YES	5
	E.	Have you had any problems at home with getting your chores done because of your drinking?	NO	1
			YES	5

<p>IF NO 5'S IN F31A-E, SKIP TO F33A. OTHERS, CONTINUE.</p>
--

F.	How old were you the (first/last) time (NAME 5'S IN F31A-E) happened?	AGE ONS: ___ ___
		ONS: 1 2 3 4 5

AD3RA4/B

AGE REC: ___ ___
REC: 1 2 3 4 5

AA4A1	G.	Have you (NAME 5'S IN F31A-E) 3 or more times in your life?	NO .(SKIP TO F33A)	1
			YES	5 *
	1.	Did this happen 3 or more times in any 12-month period?	NO	1
			YES	5

F32.	OMITTED
------	---------

**FOR EACH 5 CODED IN F33A-E, GET AGE ONSET,
THEN ASK, "Did this happen 3 or more times?",
AND CODE IN COL. II.**

COL. I COL. II
NO YES AGE ONS NO YES

(F10)
FGNALCD4
AD3RA6
AA3RA1/B

F33A. Have your friends or anyone outside your family told you they thought you were drinking too much? (IF YES, SPECIFY)

1 5 ____ ____ 1 5 *

SPECIFY PERSON(S): _____

AD3RA6
AA3RA1/B
FGNALCC4

B. When you've been drinking, have there been times when you've gotten really angry at someone and shouted or yelled at them?

1 5 ____ ____ 1 5

FGNALCD3
AD3RA6
AA3RA1/B

C. Have you gotten into fights where you shoved or hit someone when you were drinking?

1 5 ____ ____ 1 5 *

AD3RA6
AA3RA1/B

D. Has anyone ever stopped being friends with you because of your drinking?

1 5 ____ ____ 1 5 *

E. Have there been times when you stayed away from everyone and just drank by yourself? (IF YES, SPECIFY)

1 5 ____ ____ 1 5 *

SPECIFY WHAT HAPPENED: _____

**IF NO 5'S IN F33A-E COL. I, SKIP TO F35A.
OTHERS, CONTINUE.**

F. How old were you the last time any of these happened? (REVIEW SX CODED 5 IN COL. I)

AGE REC: ____ ____
REC: 1 2 3 4 5

AD3RA6
AA3RA1

G. Did you think that drinking had anything to do with these problems?

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

AA4RA4

H. Did you continue to drink anyway?

NO 1
YES 5

I. Did any of these things happen 3 or more separate times in any 12-month period?

NO 1
YES 5

F34. OMITTED

(F27)	F35A.	Have you ever accidentally been seriously hurt when you were drinking? For example, have you ever had a bad fall, cut yourself badly, or burned yourself?	NO . . (SKIP TO F38) . . 1 YES 5
	B.	How old were you the (first/last) time?	AGE ONS: ____ ONS: 1 2 3 4 5
AD3RA4/B AA3RA2/B ADICDA6 AHUICD-10			AGE REC: ____ REC: 1 2 3 4 5
AA4A2	C.	Did this happen 3 or more times?	NO . . (SKIP TO E) . . 1 YES 5 *
AHUICD-10	D.	Did this happen 3 or more times in any 12-month period?	NO 1 YES 5
	E.	Did you go to an emergency room or see a doctor because of the accident(s)?	NO . . (SKIP TO F38) . . 1 YES 5
	F.	How old were you the (first/last) time?	AGE ONS: ____ ONS: 1 2 3 4 5
			AGE REC: ____ REC: 1 2 3 4 5

	F36.	OMITTED	
--	------	---------	--

	F37.	OMITTED	
--	------	---------	--

(F11)	F38.	Have there been times when most of your friends were kids who drank a lot?	NO 1 YES 5
-------	------	--	-----------------------------------

(F12) FGNALCD1	F39A.	Have you ever thought that you were drinking too much?	NO . (SKIP TO F40A) . 1 YES 5
	B.	How old were you the first time you thought that?	AGE ONS: ____ ONS: 1 2 3 4 5

FGNALCD5	F40A.	Have you ever felt guilty about drinking?	NO . (SKIP TO F41) . 1 YES 5
	B.	How old were you the first time you felt that way?	AGE ONS: ____ ONS: 1 2 3 4 5

7-10 YEAR-OLDS, SKIP TO F44.

Sometimes when people drink, things happen that otherwise might not have.

ASK 11-12 YEAR-OLDS ONLY

	NO	1
F41. When you have been drinking, have you ever had sex when you otherwise would not?	YES	5

ASK 11-12 YEAR-OLDS ONLY

	NO . (SKIP TO F43)	1
F42. When you have been drinking, have you ever pressured someone to have sex with you?	YES	5
	NO	1
A. Would you have done this if you had not been drinking?	YES	5

ASK 11-12 YEAR-OLDS ONLY

	NO	1
F43. Did drinking ever make you careless about sex so that you didn't protect yourself or the other person against pregnancy or sexually transmitted diseases (like HIV)?	YES	5

F44. When you have been drinking, have you taken any other chances that you wouldn't have otherwise?	NO	1
For example , did you walk outside late at night or go into dangerous area?	YES . . (SPECIFY)	5

SPECIFY: _____

F45. Have you ever physically hurt someone else when you were drinking?	NO	1
	YES . . (SPECIFY)	5

SPECIFY: _____

BOX F45:

IF NO *'s IN F12A - F35C, SKIP TO G1A, P.39. OTHERS, CONTINUE.

F46. OMITTED

F47. OMITTED

F48. OMITTED

F49. OMITTED

F50. OMITTED

(F31) F51. Have you ever talked about your drinking with a doctor or counselor? NO (SKIP TO F52A) 1
YES 5

A. Did you talk with: NO YES
1. a psychiatrist or psychologist? 1 5
2. another medical doctor? 1 5
3. a school counselor or social worker? 1 5
4. someone like a minister, priest, or rabbi? 1 5
5. another person who helps children (SPECIFY)? 1 5

SPECIFY: _____

(F32) F52A. Have you ever been in treatment for your drinking? NO (SKIP TO G1A, P.39) 1
YES . . (SPECIFY) . 5

SPECIFY: _____

B. Were you treated in a hospital, in a doctor's office, or in a clinic?

HOSPITAL 1
DOCTOR'S OFFICE, CLINIC, AA, OR OUTPATIENT FACILITY (SKIP TO E) 2
BOTH 3
OTHER 4

C. How many times have you started treatment as a hospital patient? ____ TIMES

D. How old were you the (first/last) time? AGE ONS: ____
ONS: 1 2 3 4 5

**IF F52B = 1; SKIP TO G1A, P.39.
IF F52B = 3 OR 4, CONTINUE**

AGE REC: ____
REC: 1 2 3 4 5

E. How many times have you started treatment with (NAME PLACE IN B, not including hospital treatment)? ____ TIMES

F. How old were you the (first/last) time? AGE ONS: ____
ONS: 1 2 3 4 5

AGE REC: ____
REC: 1 2 3 4 5

G1A. Have you ever had a chance to try marijuana? NO . . . (SKIP TO G3A) . 1
 Maybe you didn't try it, but you could have if YES 5
 you wanted to?

B. How old were you the first time you had a chance AGE ONS: ____ ____
 to try marijuana? ONS: 1 2 3 4 5

(H1) C. Have you ever actually tried it? NO 1
 1. OMITTED YES . . (SKIP TO E) . 5

D. Why didn't you try it?

SKIP TO G3A.

E. How old were you the first time you tried marijuana? AGE ONS: ____ ____
 ONS: 1 2 3 4 5

F. How old were you the last time you used marijuana? AGE REC: ____ ____
 REC: 1 2 3 4 5

G2A. Who first gave you marijuana? SELF 1
 FRIEND/PEER 2
 SPECIFY OTHER: _____ MINOR FAMILY 3
 _____ ADULT FAMILY 4
 _____ PARENT 5
 _____ DEALER 6
 OTHER . . (SPECIFY) . 7

B. Who (usually) gets marijuana for you? SELF 1
 FRIEND/PEER 2
 SPECIFY OTHER: _____ MINOR FAMILY 3
 _____ ADULT FAMILY 4
 _____ PARENT 5
 _____ DEALER 6
 OTHER . . (SPECIFY) . 7

SKIP TO G4A.

G3A. Do you know any kids who use marijuana? NO 1
 YES 5

B. Do any of the kids in your school use marijuana? NO 1
 YES 5

C. Do any of your friends use marijuana? NO 1
 YES 5

IF NO 5'S IN G3A-C, SKIP TO H1A, P.48.

D. How many times have you seen kids your age using
 marijuana? _____ TIMES

SKIP TO H1A, P.48.

G4A. Once you (started/tried) using marijuana, did you NO 1
 find that you were invited to more parties and YES 5
 activities, or to hang out with friends more often?

- B. Has using marijuana (usually) made you feel less shy or more relaxed with people? NO 1
YES 5
- C. OMITTED
- D. Has using marijuana helped you in any (other) way? NO 1
YES . (SPECIFY) . 5
- SPECIFY: _____
- _____

You said that you were (AGE IN GLE) years old when you first used marijuana.

- G5A. Was this during the summer, or was it during the school year? SUMMER 1
SCHOOL YR (SKIP TO C) 5
- B. What grade would you have just completed? _____ GRADE

SKIP TO D

- C. What grade would you have been in? _____ GRADE
- D. I'm going to ask you some questions about your past marijuana use. I will refer to how old you were and what grade you would have been in. I would like your answer to include the time during the school year and the summer afterwards.

HAND R CARD F-1.

For some of the questions, I want you to choose from these answers. I will tell you which questions to use them with.

Let's start with (NAME GRADE IN B/C) grade.

(In the/through the) _____ grade and the summer afterwards,
(REPEAT QUESTIONS 1-3 FOR EACH GRADE UP TO THE PRESENT TIME).

RECORD FOR EACH GRADE:	1 & earlier	2	3	4	5	6	7
Age when entered:	— —	— —	— —	— —	— —	— —	— —
1. How often did you usually use marijuana? (REPEAT FREQUENCY OPTIONS)	— —	— —	— —	— —	— —	— —	— —
2. OMITTED							
3. How often did you use enough to stay high for at least a whole day or longer? (REPEAT FREQUENCY OPTIONS)	— —	— —	— —	— —	— —	— —	— —

FREQUENCY CODES (For Questions 1 and 3):

Daily	01	3-4 times/month	04	1-3 times ever	07
4+ times/week	02	1-2 times/month	05	NEVER	08
2-3 times/week	03	Once every 2-4 months	06	NA/DK	-9

G6. BLANK

(H1E) G7A. How many times have you used marijuana? _____ TIMES
 IF DK, ASK B.

IF G7A = 20 OR FEWER; SKIP TO H1A, P.48.
 = 21 OR MORE, SKIP TO G8A.

B. IF DK, Have you used marijuana . . . 20 OR FEWER TIMES?
 (SKIP TO H1A, P.48) . . 0
PROBE ALL OPTIONS AND CODE THE LAST POSITIVE RESPONSE 21 OR MORE TIMES? . . 1
 40 OR MORE TIMES? . . 2
 60 OR MORE TIMES? . . 3
 80 OR MORE TIMES? . . 4

(H4) G8A. Have you ever needed to use more and more marijuana to get high? For example, did you
 DD3RA7 once need 2 hits to feel high, but later you
 DD4-1a needed 3 hits to feel the same way? NO 1
 DDICDA4 YES 5

DD3RA7 B. Have you ever found that you couldn't get high
 DD4-1b when you used the same amount of marijuana that
 DDICDA4 you used to? NO 1
 YES 5

(H8) G9A. Have you often wanted to stop or cut down on your use of marijuana? NO . . (SKIP TO C) . 1
 YES 5

DD3RA2/B B. Did this happen 3 or more times? NO 1
 DDICDA2 YES 5
 DD4-4

DD3RA2 C. Have you ever tried to stop or cut down on marijuana and couldn't do it? NO . (SKIP TO G10A) . 1
 YES 5

DD4-4 D. Have you been unable to stop or cut down on your marijuana use 3 or more times? NO 1
 DDICDA2 YES 5

(H6)	G10A. Have you ever used <u>much more</u> marijuana than you really meant to?	NO . . (SKIP TO C) 1 YES 5
DD3RA1/B DD4-3 DDICDA2	B. Did this happen 3 or more times?	NO 1 YES 5
(H7)	C. Have you ever started using marijuana and then ended up using it for a <u>longer time</u> than you really wanted to?	NO . . (SKIP TO G11) 1 YES 5

(**PROBE:** DID YOU MEAN TO STOP AFTER AWHILE, BUT YOU KEPT ON USING IT?)

DD3RA1/B DD4-3 DDICDA2	D. Did this happen 3 or more times?	NO 1 YES 5
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(H20) DD3RA3 DD4-5 DDICDA5	G11. Have you ever spent <u>a lot</u> of time getting marijuana, using marijuana, or trying to feel better after using marijuana?	NO 1 YES 5
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(H9)	G12A. Have you ever stopped doing things with any of your good friends because of your marijuana use?	NO 1 YES 5
------	---	-----------------------------------

B. Have you missed activities, club meetings, or sports practices you usually participated in because of your marijuana use?	NO 1 YES 5
--	-----------------------------------

IF BOTH A & B ARE NO, SKIP TO G14.

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

G13. OMITTED

G14. Have you ever used marijuana together with alcohol or any other drug?	NO . (SKIP TO G15C) 1 ALCOHOL ONLY 3 YES . . (SPECIFY) 5
--	--

IF YES, Which ones?

1. _____	CODE: ____
2. _____	CODE: ____
3. _____	CODE: ____
4. _____	CODE: ____

(H16) G15A. OMITTED

B. OMITTED

C. When you've been high from using marijuana, have you ever ridden in a car when the driver had been using alcohol or drugs?	NO . . (SKIP TO E) . .	1
	YES	5

DD3RA4/B
DA3RA2/B

D. Has this happened 3 or more times in your life?	NO . . (SKIP TO E) . .	1
	YES	5

DA4A2

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

E. When you have been high from using marijuana, have you ever done anything else that might have gotten you hurt; for example, riding your bike or skateboard, rollerblading, climbing, crossing against traffic, swimming, or anything else that might be dangerous?	NO . (SKIP TO G17A) .	1
	YES . . (SPECIFY) . .	5

DD3RA4/B
DD3RA2/B

SPECIFY: _____

DA4A2

F. Did things like this happen 3 or more times?	NO . (SKIP TO G17A) .	1
	YES	5

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

G. OMITTED

H. OMITTED

G16. OMITTED

G17A. Have you ever skipped school or cut class so you could use marijuana?	NO . (SKIP TO G18A) .	1
	YES	5

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

G18A. Have you ever gone to school when you were high from using marijuana?	NO . (SKIP TO G19A) .	1
	YES	5

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

G19A. Have you ever used marijuana at school?	NO . (SKIP TO G20A) .	1
	YES	5

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

(H14)	G20A. Have you ever missed any school because you were high from using marijuana?	NO	1
		YES	5
(H15)	B. Have your grades gone down when you were using marijuana?	NO	1
		YES	5
	C. OMITTED		
	D. Have you had any other problems at school because of your marijuana use?	NO	1
		YES	5
	E. Have you had any problems at home with getting your chores done because of your marijuana use?	NO	1
		YES	5
<div>IF NO 5'S IN G20A-E, SKIP TO G21A. OTHERS, CONTINUE.</div>			
DD3RA4/B	F. Have you (NAME 5'S IN G20A-E) 3 or more times in your life?	NO . (SKIP TO G21A) .	1
		YES	5
DA4A1	G. Did this happen 3 or more times in any 12-month period?	NO	1
		YES	5

**FOR EACH 5 CODED IN G21A-C, GET AGE ONSET,
THEN ASK, "Did this happen 3 or more times?",
AND CODE IN COL. II.**

		COL. I NO YES	AGE ONS	COL. II NO YES
(H10) DD3RA6 DA3RA1/B	G21A. Have your friends, family, or anyone outside your family told you they thought you shouldn't be using marijuana? (IF YES, SPECIFY)	1 5	___	1 5
	SPECIFY PERSON(S): _____			
DD3RA6 DA3RA1/B	B. Has anyone ever stopped being friends with you because of your marijuana use?	1 5	___	1 5
DD3RA6 DA3RA1/B	C. Have there been times when you stayed away from everyone and just used marijuana by yourself? (IF YES, SPECIFY)	1 5	___	1 5
	SPECIFY WHAT HAPPENED: _____			
	IF NO 5'S IN G21A-C COL. I, SKIP TO G22A. OTHERS, CONTINUE.			
DD3RA6 DA3RA1	D. Did you think that using marijuana had anything to do with problems like these? (REVIEW SX CODED 5 IN COL. I)	NO . . (SKIP TO F)		1
		YES		5
DD3RA6 DA3RA1	E. Did you continue to use marijuana anyway?	NO		1
		YES		5
DA4A4	F. Did any of these things happen 3 or more separate times in any 12-month period?	NO		1
		YES		5
	G22A. Have you ever been arrested or had any other problems with the police because of your marijuana use?	NO . . (SKIP TO G23A)		1
		YES		5
DD3RA6 DA3RA1/B	B. Did this happen 3 or more times?	NO . . (SKIP TO G23A)		1
		YES		5
DA4A3	1. Did this happen 3 or more times in any 12-month period?	NO		1
		YES		5
(H17) DD3RA4/B DA3RA2/B DDICDA6 DHUICD-10	G23A. Have you ever accidentally been seriously hurt when you were using marijuana? For example, have you ever had a bad fall, cut yourself badly, or burned yourself?	NO . . (SKIP TO G25)		1
		YES		5
DA4A2	B. Did this happen 3 or more times?	NO . . (SKIP TO D)		1
		YES		5
DHUICD-10	C. Did this happen 3 or more times in any 12-month period?	NO		1
		YES		5
	D. Did you go to an emergency room or see a doctor because of the accident(s)?	NO		1
		YES		5
	G24. OMITTED			

(H11)	G25.	Have there been times when most of your friends were kids who used marijuana a lot?	NO	1
			YES	5
	G26.	Have you ever thought that you were using marijuana too much?	NO	1
			YES	5

7-10 YEAR-OLDS, SKIP TO G28.

Sometimes when people get high, things happen that otherwise might not have.

ASK 11-12 YEAR-OLDS ONLY

G27A.	When you have been using marijuana, have you ever had sex when you otherwise would not have?	NO	1
		YES	5

ASK 11-12 YEAR-OLDS ONLY

B.	When you have been using marijuana, have you ever pressured someone to have sex with you?	NO . . (SKIP TO C) .	1
		YES	5

1.	Would you have done this if you had not been using marijuana?	NO	1
		YES	5

ASK 11-12 YEAR-OLDS ONLY

C.	Has using marijuana ever made you careless about sex so that you didn't protect yourself or the other person against pregnancy or sexually transmitted diseases (like HIV)?	NO	1
		YES	5

G28.	When you have been using marijuana, have you taken any other chances that you wouldn't have otherwise? For example , did you walk outside late at night or go into dangerous area?	NO	1
		YES . . (SPECIFY) . .	5

SPECIFY: _____

G29. OMITTED

G30. OMITTED

G31. OMITTED

G32. OMITTED

G33. OMITTED

G34. Have you ever talked about your marijuana use with a doctor or counselor? NO (SKIP TO G35A) 1
YES 5

A. Did you talk with: NO YES

1. a psychiatrist or psychologist?	1	5
2. another medical doctor?	1	5
3. a school counselor or social worker?	1	5
4. someone like a minister, priest, or rabbi?	1	5
5. another person who helps children (SPECIFY)?	1	5

SPECIFY: _____

G35A. Have you ever been in treatment for your marijuana use? NO (SKIP TO H1A, P.48) 1
YES . . (SPECIFY) . . 5

SPECIFY: _____

B. Were you treated in a hospital, in a doctor's office, or in a clinic?

HOSPITAL	1
DOCTOR'S OFFICE, CLINIC, AA, OR OUTPATIENT FACILITY (SKIP TO E)	2
BOTH	3
OTHER	4

C. How many times have you started treatment as a hospital patient? _____ TIMES

D. How old were you the (first/last) time? AGE ONS: _____
ONS: 1 2 3 4 5

IF G35B = 1; SKIP TO H1A, P.48.
IF G35B = 3 OR 4, CONTINUE

AGE REC: _____
REC: 1 2 3 4 5

E. How many times have you started treatment with (NAME PLACE IN B, not including hospital treatment)? _____ TIMES

F. How old were you the (first/last) time? AGE ONS: _____
ONS: 1 2 3 4 5

AGE REC: _____
REC: 1 2 3 4 5

- H1A. Have you ever had a chance to try any drugs to feel good or high? Drugs like . . .
- | | NO | YES |
|--|----|-----|
| 1. Cocaine or crack? | 1 | 5 |
| 2. Uppers, like speed, Ritalin, Dexedrine, crystal meth, diet pills, or any other amphetamines? | 1 | 5 |
| 3. Heroin, Codeine, Morphine, or any other opiates? | 1 | 5 |
| 4. Hallucinogens, like LSD (Acid), Mushrooms (Psilocybin), or PCP (Angel Dust)? | 1 | 5 |
| 5. Downers, like sleeping pills, tranquilizers, Valium, Seconal, or any other sedatives? | 1 | 5 |
| 6. Anything else, like glue, gasoline, paint thinner, or anything I haven't mentioned? (IF YES, SPECIFY) | 1 | 5 |
- (IF DRUG NAMED BELONGS IN H1A.1-5, CODE APPROPRIATELY AND CONTINUE.)

SPECIFY: _____

- B. Have you ever had a chance to use prescription medicines either your own or someone else's, in order to get high? (IF YES, SPECIFY)
- | | NO | YES |
|----------------|----|-----|
| SPECIFY: _____ | 1 | 5 |
- C. Have you ever had a chance to use any medicines you can buy without a prescription in order to get high; for example, Dexatrim, or cough syrup? (IF YES, SPECIFY)
- | | NO | YES |
|----------------|----|-----|
| SPECIFY: _____ | 1 | 5 |

IF NO 5'S IN H1A-C, SKIP TO H3A, OTHERS, CONTINUE.

- D. How old were you the first time you had a chance to try any of these drugs?
- | AGE | ONS | 1 | 2 | 3 | 4 | 5 |
|------|-----|---|---|---|---|---|
| ONS: | | 1 | 2 | 3 | 4 | 5 |

- (I1) E. Did you ever actually try any of these drugs?
- | | NO | (SKIP TO G) | 1 |
|-----|----|-------------|---|
| YES | | | 5 |

		1	2	3	4	5	6
		COC	AMP	OP	HAL	BAR	OTH
1. Which ones? (CODE AND SKIP TO H)	NO	1	1	1	1	1	1
	YES	5	5	5	5	5	5

F. OMITTED

G. Why didn't you try them?

SPECIFY: _____

SKIP TO H3A.

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

- (I5) H. How old were you the (first/last) time you used (DRUG)?
- | AGE | ONS | 1 | 2 | 3 | 4 | 5 | 6 |
|-----|-----|---|---|---|---|---|---|
| ONS | | 1 | 2 | 3 | 4 | 5 | 6 |
| AGE | REC | 1 | 2 | 3 | 4 | 5 | 6 |
| REC | | 1 | 2 | 3 | 4 | 5 | 6 |

H2A. Who first gave you drugs?

SELF	1
FRIEND/PEER	2
MINOR FAMILY	3
ADULT FAMILY	4
PARENT	5
DEALER	6
OTHER . (SPECIFY) . . .	7

SPECIFY OTHER: _____

B. Who (usually) gets drugs for you?

SELF	1
FRIEND/PEER	2
MINOR FAMILY	3
ADULT FAMILY	4
PARENT	5
DEALER	6
OTHER . (SPECIFY) . . .	7

SPECIFY OTHER: _____

SKIP TO H4A.

H3A. Do you know any kids who use drugs to get high?

NO	1
YES	5

B. Do any of the kids in your school use these kinds of drugs?

NO	1
YES	5

C. Do any of your friends use drugs?

NO	1
YES	5

IF NO 5'S IN H3A-C, SKIP TO I1A, P.57.

D. How many times have you seen kids your age using drugs?

____ TIMES

SKIP TO I1A, P.57.

H4A. Once you (started/tried) using drugs, did you find that you were invited to more parties and activities, or to hang out with friends more often?

NO	1
YES	5

B. Has using drugs (usually) made you feel less shy or more relaxed with people?

NO	1
YES	5

C. OMITTED

D. Has using drugs helped you in any (other) way?

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

SPECIFY: _____

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

(I6) H5A. How many times have you used (DRUG)?
IF DK, ASK A1. TIMES _____
 1. **IF DK,** Did you use (DRUG) . . .

6 OR FEWER TIMES? .	0	0	0	0	0	0
7 OR MORE TIMES? . .	1	1	1	1	1	1
11 OR MORE TIMES? . .	2	2	2	2	2	2
20 OR MORE TIMES? . .	3	3	3	3	3	3
40 OR MORE TIMES? . .	4	4	4	4	4	4

PROBE ALL OPTIONS AND CODE
 THE LAST POSITIVE RESPONSE

**IF NO DRUG USED 7 OR MORE TIMES; SKIP TO I1A, P. 57.
 FOR ANY DRUG USED 7 OR MORE TIMES, CONTINUE.**

H6A. Have you ever used (DRUG) at least once or twice a week for 2 months or more? For example, on the weekends?

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

(IF YES, SKIP TO C)

B. So you have NEVER used (DRUG), for example, every Friday or Saturday for 2 months or more?

NEVER USED	1	1	1	1	1	1
HAS USED	5	5	5	5	5	5

(IF NEVER USED, SKIP TO H7A)

C. How old were you the (first/last) time you used (DRUG) once or twice a week for at least 2 months?

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

D. How long did this period last?

WEEKS	_____	_____	_____	_____	_____	_____
-------	-------	-------	-------	-------	-------	-------

H7A. Think about the time when you were using (DRUG) the most. During that time, did you use (DRUG) every day, or nearly every day for 1 week or more?

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

B. On the days that you used (DRUG), how many times a day did you use (DRUG)?

TIMES	_____	_____	_____	_____	_____	_____
-------	-------	-------	-------	-------	-------	-------

C. When you used (DRUG) this much, were you able to do your schoolwork or get along with people as well as when you were not using (DRUG)?

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

D. How old were you the (first/last) time you used (DRUG) the most?

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

E. What was the longest amount of time that you used (DRUG) this much?

WEEKS	_____	_____	_____	_____	_____	_____
-------	-------	-------	-------	-------	-------	-------

			1	2	3	4	5	6
			COC	AMP	OP	HAL	BAR	OTH
H8A.	Have you ever stayed high from using (DRUG) for a whole day (or night)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO H11A)					
B.	How old were you the (first/last) time you stayed high from using (DRUG) for a whole day (or night)?	AGE ONS	___	___	___	___	___	___
		ONS	___	___	___	___	___	___
		AGE REC	___	___	___	___	___	___
		REC	___	___	___	___	___	___
H9.	BLANK							
H10.	BLANK							
(I8) DD3RA7 DD4-1a DDICDA4	H11A. Have you ever needed to use much more (DRUG) to feel an effect?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
DD3RA7 DD4-1b DDICDA4	B. Have you ever found that you couldn't get high when you used the same amount of (DRUG) that you used to?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
(I9) DD3RA2/B DDICDA2 DD4-4	H12A. Have you often wanted to stop or cut down on using (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
DD3RA2	B. Have you ever tried to stop or cut down on using (DRUG) and couldn't do it?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO H13A)					
DD4-4 DDICDA2	C. Have you been unable to stop or cut down on your use of (DRUG) 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
(I12)	H13A. Have you ever used (DRUG) <u>much more</u> than you really meant to?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO C)					
DD3RA1/B DD4-3 DDICDA2	B. Did this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
(I13)	C. Have you ever started using (DRUG) and then ended up using it for a <u>longer time</u> than you really wanted to? (PROBE: DID YOU MEAN TO STOP AFTER AWHILE, BUT YOU KEPT ON USING IT?)	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO H14)					
DD3RA1/B DD4-4 DDICDA2	D. Did this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
(I11) DD3RA3 DD4-5 DDICDA5	H14. Have you ever spent a lot of time getting (DRUG), using (DRUG), or trying to feel better after using (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5

			1 COC	2 AMP	3 OP	4 HAL	5 BAR	6 OTH
(I10)	H15A. Have you ever stopped doing things with any of your good friends because of your (DRUG) use?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
	B. Have you missed activities, club meetings, or sports practices you usually participated in because of your (DRUG) use?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
IF BOTH A & B ARE NO, SKIP TO H18C.								
DD3RA5/B DD4-6 DDICDA5	C. Did (NAME 5'S IN H15A-B) happen 3 or more times, or for a month or more?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
<hr/>								
	H16. OMITTED							
<hr/>								
	H17. OMITTED							
<hr/>								
(I16)	H18A. OMITTED							
	B. OMITTED							
	C. When you've been high from using (DRUG), have you ever ridden in a car when the driver had been using alcohol or drugs?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
		(IF NO, SKIP TO E)						
DD3RA4/B DA3RA2/B	D. Did this happen 3 or more times in your life?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
		(IF NO, SKIP TO E)						
DA4A2	1. Did this happen 3 or more times in any 12-month period?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
	E. When you have been high from using (DRUG), have you ever done anything else that might have gotten you hurt; for example, riding your bike or skateboard, rollerblading, climbing, crossing against traffic, swimming, or anything else that might be dangerous?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
		(IF NO, SKIP TO H21A; IF YES, SPECIFY)						
	SPECIFY: _____							

DD3RA4/B DA3RA2/B	F. Did things like this happen 3 or more times?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
		(IF NO, SKIP TO H21A)						
DA4A2	1. Did this happen 3 or more times in any 12-month period?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5

			1	2	3	4	5	6
			COC	AMP	OP	HAL	BAR	OTH
H19. OMITTED								
H20. OMITTED								
<hr/>								
	H21A. Have you ever skipped school or cut class so you could use (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
(IF NO, SKIP TO H22A)								
	B. Did this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
<hr/>								
	H22A. Have you ever gone to school when you were high from using (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
(IF NO, SKIP TO H23A)								
	B. Did this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
<hr/>								
	H23A. Have you ever used (DRUG) at school?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
(IF NO, SKIP TO H24A)								
	B. Did this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
<hr/>								
(I14)	H24A. Have you ever missed any school because you were high from using (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
(I15)	B. Have your grades gone down when you were using (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
(I10)	C. OMITTED							
	D. Have you had any other problems at school because of your (DRUG) use?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
	E. Have you had any problems at home with getting your chores done because of your (DRUG) use?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
<div>IF NO 5'S IN H24A-E, SKIP TO H25A. OTHERS, CONTINUE.</div>								
DD3RA4/B	F. Have you (NAME 5'S IN H24A-E) 3 or more times in your life?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
(IF NO, SKIP TO H25A)								
DA4A1	G. Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5

			1 COC	2 AMP	3 OP	4 HAL	5 BAR	6 OTH
(I18) DD3RA6 DA3RA1	H25A. Have your friends, family, or anyone outside your family told you they thought you shouldn't be using (DRUG)?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
			(IF YES, SPECIFY)					
SPECIFY PERSON(S): _____								
DD3RA6 DA3RA1	B. Has anyone ever stopped being friends with you because of your (DRUG) use?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
DD3RA6 DA3RA1	C. Have there been times when you stayed away from everyone and just used (DRUG) by yourself?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
			(IF YES, SPECIFY)					
SPECIFY WHAT HAPPENED: _____								
IF NO 5'S IN H25A-C, SKIP TO H26A. OTHERS, CONTINUE.								
	D. Did you think that using (DRUG) had anything to do with problems like (NAME 5'S IN H25A-C)?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
			(IF NO, SKIP TO F)					
DD3RA6 DA3RA1	E. Did you continue to use (DRUG) after you realized it was causing you a problem?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
DA4A4	F. Did any of these things like (NAME 5'S IN H25A-C) happen 3 or more times in any 12-month period?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
	H26A. Have you ever been arrested or had any other problems with the police because of your (DRUG) use?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
			(IF NO, SKIP TO H27A)					
DD3RA6 DA3RA1	B. Did this happen 3 or more times?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5
			(IF NO, SKIP TO H27A)					
DA4A3	1. Did this happen 3 or more times in any 12-month period?	NO YES	1 5	1 5	1 5	1 5	1 5	1 5

			1	2	3	4	5	6
			COC	AMP	OP	HAL	BAR	OTH
(I17)	H27A. Have you ever accidentally been seriously hurt when you were using (DRUG)? For example, have you ever had a bad fall, cut yourself badly, or burned yourself?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO H29)					
DD3RA4/B DA3RA2/B DDICDA6 DHUICD-10	B. Did this happen 3 or more times?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
			(IF NO, SKIP TO D)					
DA4A2 DHUICD-10	C. Did this happen 3 or more times in any 12-month period?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
	D. Did you go to an emergency room or see a doctor because of the accident(s)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
<hr/>								
	H28. OMITTED							
(I19)	H29. Have there been times when most of your friends were kids who used (DRUG)?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
	H30. Have you ever thought that you were using (DRUG) too much?	NO	1	1	1	1	1	1
		YES	5	5	5	5	5	5
<hr/>								
7-10 YEAR-OLDS, SKIP TO H32.								
<hr/>								

Sometimes when people get high, things happen that otherwise might not have.

ASK 11-12 YEAR-OLDS ONLY

H31A. When you have been using drugs, have you ever had sex when you otherwise would not have?

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

ASK 11-12 YEAR-OLDS ONLY

B. When you have been using drugs, have you ever pressured someone to have sex with you?

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

1. Would you have done this if you had not been using drugs?

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

ASK 11-12 YEAR-OLDS ONLY

C. Has using drugs ever made you careless about sex so that you didn't protect yourself or the other person against pregnancy or sexually transmitted diseases (like HIV)?

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

H32. When you have been using drugs, have you taken any other chances that you wouldn't have otherwise? **For example**, did you walk outside late at night or go into dangerous area?

NO	1	
YES	..(SPECIFY)	5

SPECIFY: _____

H33. OMITTED

H34. OMITTED

H35. OMITTED

H36. OMITTED

H37. OMITTED

H38. Have you ever talked about your drug use with a doctor or counselor? NO . (SKIP TO H39A) . 1
YES 5

A. Did you talk with: NO YES
1. a psychiatrist or psychologist? 1 5
2. another medical doctor? 1 5
3. a school counselor or social worker? 1 5
4. someone like a minister, priest, or rabbi? 1 5
5. another person who helps children (SPECIFY)? 1 5

SPECIFY: _____

H39A. Have you ever been in treatment for your drug use? NO (SKIP TO I1A, P.57) 1
YES . . (SPECIFY) . . 5

SPECIFY: _____

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

C. How many times have you started treatment as a hospital patient? _____ TIMES

D. How old were you the (first/last) time? AGE ONS: _____
ONS: 1 2 3 4 5

**IF H39B = 1; SKIP TO I1A, P. 57.
IF H39B = 3 OR 4, CONTINUE**

AGE REC: _____
REC: 1 2 3 4 5

E. How many times have you started treatment with (NAME PLACE IN B, not including hospital treatment)? _____ TIMES

F. How old were you the (first/last) time? AGE ONS: _____
ONS: 1 2 3 4 5

AGE REC: _____
REC: 1 2 3 4 5

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

(E1) A. Have you ever been suspended from school? NO . . (SKIP TO I2A) . 1
(IN-SCHOOL SUSPENSIONS COUNT) YES 5

B. How many times have you been suspended from school? IF DK, ASK B1. _____ TIMES

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

C. How old were you the (first/last) time you were suspended from school? AGE ONS: _____
ONS: 1 2 3 4 5

AGE REC: _____
REC: 1 2 3 4 5

D. Why were you suspended?

(E2) I2A. Have you ever been expelled from school NO . . (SKIP TO I3A) . 1
(kicked out for the rest of the year)? YES 5

B. How many times have you been expelled from school? IF DK, ASK B1. _____ TIMES

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

C. How old were you the (first/last) time you were expelled from school? AGE ONS: _____
ONS: 1 2 3 4 5

AGE REC: _____
REC: 1 2 3 4 5

D. Why were you expelled?

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

(E7) I3A. Have you ever skipped school (played hooky/taken a day off from school)? NO . . (SKIP TO I4A) . 1
YES 5

CD3RA5 B. How many times have you skipped school?
IF DK, ASK B1. _____ TIMES *

* MARK TALLY IF 3 OR MORE TIMES.

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

CD4A15 CDICDG1-18 C. How old were you the (first/last) time you skipped school? AGE ONS: _____
ONS: 1 2 3 4 5

AGE REC: _____
REC: 1 2 3 4 5

(E8) I4A. Have you ever cut classes? NO . . (SKIP TO I5A) . 1
YES 5

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

CD3RA5 B. How many different days have you cut classes?
IF DK, ASK B1. _____ DAYS *

* MARK TALLY IF: 3 OR MORE TIMES OR IF I3B & I4B = 3 OR MORE TIMES

1. IF DK, Was it
1 DAY 1
2 DAYS 2
3 OR MORE DAYS 3 *

CD4A15 CDICDG1-18 C. How old were you the (first/last) time you cut classes? AGE ONS: _____
ONS: 1 2 3 4 5

AGE REC: _____
REC: 1 2 3 4 5

- I5A. Did you ever sneak out of the house when your parents told you that you couldn't go out, or when they thought you were in bed or at home? NO . . (SKIP TO I6A) . 1
YES 5
- B. How many times have you done that? _____ TIMES *
- IF DK, ASK B1.

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

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

CD4A13
CDICDG1-12

- C. How old were you the (first/last) time that happened?
- | |
|----------------|
| AGE ONS: _____ |
| ONS: 1 2 3 4 5 |
| AGE REC: _____ |
| REC: 1 2 3 4 5 |

- I6A. Have you ever stayed out late at night without permission (either after your curfew or all night long)? NO . . (SKIP TO I7A) . 1
YES 5

USE 24-HOUR CLOCK:

- B. When you've been out after curfew, how late would you usually stay out? TIME _____ :
- C. What time were you supposed to be home? TIME _____ :
- D. How many times have you stayed out much later than you were supposed to? _____ TIMES *
- IF DK, ASK D1.

*** MARK TALLY IF:
STAYED OUT 1(+) HOURS PAST CURFEW 3 OR MORE TIMES.**

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

CD4A13
CDICDG1-12

- E. How old were you the (first/last) time you stayed out later than you were supposed to?
- | |
|----------------|
| AGE ONS: _____ |
| ONS: 1 2 3 4 5 |
| AGE REC: _____ |
| REC: 1 2 3 4 5 |

(E4) I7A. Have you ever run away from home overnight NO . . (SKIP TO I8A) . 1
or longer? YES 5

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

B. Why did you run away?

CODE SILENTLY:

SEXUAL ABUSE 1
PHYSICAL ABUSE 2
OTHER 3

CD3RA2
CD4A14
CDICDG1-19

C. How many times have you run away? _____ TIMES *
IF DK, ASK C1. * **MARK TALLY IF: MORE THAN ONCE &**
NOT RELATED TO SEXUAL/PHYSICAL ABUSE

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

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

CD4A14
CDICDG1-19

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

E. How old were you? AGE ONS: _____
ONS: 1 2 3 4 5

SKIP TO I8A.

F. How old were you the (first/last) time you ran away? AGE ONS: _____
ONS: 1 2 3 4 5
AGE REC: _____
REC: 1 2 3 4 5

(E5) I8A. Of course everybody tells lies or makes up stories once in awhile. Do you lie or make up stories a lot? NO 1
YES . . (SKIP TO C) . . 5 *

(**EXAMPLE:** LIKE TELLING THE TEACHER YOU LOST A HOMEWORK ASSIGNMENT WHEN YOU 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 are lying? (Do your teachers, friends, or parents get upset with you because they say you are lying?) NO . . (SKIP TO I9A) . 1
YES 5 *

CD3RA3
CD4A11
CDICDG1-9

C. Do you lie because ...
(When people say you are lying, do they think it is because ...)

NO YES

1. it's fun? 1 5
2. it gets you out of trouble? 1 5
3. you want others to think you're special? 1 5
4. of any other reason? (SPECIFY) 1 5

SPECIFY: _____

D. How old were you the (first/last) time you told lies a lot, or people said you were lying?

AGE ONS: _____
ONS: 1 2 3 4 5

AGE REC: _____
REC: 1 2 3 4 5

- I9A. Have you ever tricked someone into giving you something you wanted or getting them to do something for you? NO . . (SKIP TO I10A) . 1
YES 5

(**EXAMPLE:** LIKE TELLING YOUR PARENTS YOU NEED EXTRA MONEY FOR A SCHOOL PROJECT OR ELSE YOU'LL GET AN "F", WHEN YOU REALLY WANT THE MONEY TO BUY SOMETHING ELSE?)

CD3RA3
CD4A11
CDICDG1-9

- B. How many times have you done something like that? **IF DK, ASK B1.**

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

1. **IF DK,** Was it . . .

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

- C. How old were you the (first/last) time that happened?

AGE ONS: ____
ONS: 1 2 3 4 5

AGE REC: ____
REC: 1 2 3 4 5

CD3RA3
CD4A11
CDICDG1-9

- I10A. Have people often said you cheated on schoolwork, on tests, or in games?

NO . . (SKIP TO I11A) . 1
YES 5 *

- B. How old were you the (first/last) time you got blamed for cheating a lot?

AGE ONS: ____
ONS: 1 2 3 4 5

AGE REC: ____
REC: 1 2 3 4 5

CDICDG1-1

- I11A. Have you often gotten so angry that you've thrown things, broken things, or laid on the ground and screamed?

NO . (SKIP TO BOX I11) . 1
YES 5

- B. How old were you the (first/last) time you behaved this way?

AGE ONS: ____
ONS: 1 2 3 4 5

AGE REC: ____
REC: 1 2 3 4 5

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

CD4B	I12. When you were doing things like (NAME POSITIVES IN I3A-I11A), did any of the following things happen?	<u>NO</u>	<u>YES</u>
	A. Did your grades go down?	1	5
	B. Did your teachers get angry with you a lot?	1	5
	C. Did your teachers often tell you that you had a bad attitude?	1	5
	D. Did you feel very sad?	1	5
	E. Did you lose friends?	1	5
	F. Did your parents get really angry with you a lot?	1	5
	G. Were you grounded or not allowed to do something you really wanted to do?	1	5
	H. OMITTED		
	I. Were you sent to a counselor? (IF YES, SPECIFY)	1	5
	SPECIFY REASON: _____		
	J. Were you sent to juvenile court? (IF YES, SPECIFY)	1	5
	SPECIFY: _____		
	K. Anything else? (IF YES, SPECIFY)	1	5
	SPECIFY: _____		

CDICD-F91.1	I13A. Do you spend more time by yourself than most kids your age?	NO . . (SKIP TO I14A) .	1
		YES	5
	B. Is this because you are shy?	NO	1
		YES . . (SKIP TO I14A) .	5
	C. Is it because other kids won't play/hang out with you, because you have often lied, started fights, stolen things from them, or always tried to get your own way?	NO . . (SKIP TO I14A) .	1
		YES	5
	D. How old were you the (first/last) time you spent most of your time by yourself, because other kids didn't want to be with you?	AGE ONS: _____	
		ONS: 1 2 3 4 5	
		AGE REC: _____	
		REC: 1 2 3 4 5	

(E3) I14A. Have you ever stolen anything from home or from a friend, like clothes, or money from a purse or wallet? NO 1
YES . . . (SPECIFY) . . 5
COUNT ONLY IF \$3 OR MORE.

SPECIFY: _____

B. Have you ever stolen anything else? For example, did you ever take something from somebody at school or shoplift from a store? **NO CONFRONTATION** NO 1
YES . . . (SPECIFY) . . 5

(**EXAMPLE:** CANDY, MAGAZINES, CLOTHES, TOYS, JEWELRY, CDs.
DID YOU EVER SWIPE SOMETHING FROM SOMEBODY'S LOCKER OR DESK?)

SPECIFY: _____

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

CD3RA1
CD4A12
CDICDG1-17

C. How many times have you stolen things in your life? **IF DK, ASK C1.** _____ TIMES *
*** MARK TALLY IF: MORE THAN ONCE**

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

D. Have you ever used a credit card without permission or signed someone else's name on a check? NO .(SKIP TO BOX I14E) 1
YES . . . (SPECIFY) . . 5
SPECIFY: _____

CD3RA1
CD4A12
CDICDG1-17

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

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

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

F. How old were you the first time you (NAME POSITIVES IN I14A-D)? AGE ONS: _____
ONS: 1 2 3 4 5

G. How old were you the last time you did anything like that? AGE REC: _____
REC: 1 2 3 4 5

(E15)
CD3RA12
CD4A6
CDICDG1-20

I15A. Have you ever picked on other kids until they gave you something, like their lunch money? Have you ever mugged someone (held them up with a gun or knife) or snatched their purse?

NO . . (SKIP TO I16A) . 1
YES . . . (SPECIFY) . . 5 *

SPECIFY: _____

B. How many times have you done something like that? **IF DK, ASK B1.**

_____ TIMES

1. **IF DK,** Was it . . .

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

C. How old were you when you (first/last) did something like that?

AGE ONS: _____
ONS: 1 2 3 4 5

AGE REC: _____
REC: 1 2 3 4 5

(E9)
CD3RA6
CD4A10
CDICDG1-23

I16A. Have you ever broken into somebody else's house, building, or car?

NO . . (SKIP TO I17A) . 1
YES . . . (SPECIFY) . . 5 *

SPECIFY WHAT HAPPENED: _____

B. How many times have you done something like that? **IF DK, ASK B1.**

_____ TIMES

1. **IF DK,** Was it . . .

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

C. How old were you the (first/last) time you broke into somebody else's house, building, or car?

AGE ONS: _____
ONS: 1 2 3 4 5

AGE REC: _____
REC: 1 2 3 4 5

(E6)
CD3RA4I17A. Have you ever set a fire on purpose that
you weren't supposed to set?NO . .(SKIP TO I18A) . 1
YES 5CD4A8
CDICDG1-16B. Have you ever set a fire because you wanted
to wreck something or burn it down?NO 1
YES . . .(SPECIFY) . . 5 *

SPECIFY WHAT HAPPENED AND HOW IT HAPPENED:

C. How many times have you set a fire on purpose?

IF DK, ASK C1.

____ TIMES

1. **IF DK,** Was it . . .1 TIME 1
2 TIMES 2
3-5 TIMES 3
6-10 TIMES 4
11+ TIMES 5D. How old were you the (first/last) time you
set a fire on purpose?AGE ONS: ____
ONS: 1 2 3 4 5AGE REC: ____
REC: 1 2 3 4 5(E10)
CD3RA7
CD4A9
CDICDG1-15I18A. Have you ever wrecked or destroyed someone
else's property on purpose?NO . .(SKIP TO I19A) . 1
YES 5 ***For example:**

- breaking windows in a school or other building
- destroying computer files
- spray painting graffiti
- throwing rocks at cars
- throwing eggs at cars
- breaking toys
- tearing clothes

B. What happened?_____

C. How many times have you wrecked someone else's
property on purpose? **IF DK, ASK C1.**

____ TIMES

1. **IF DK,** Was it . . .1 TIME 1
2 TIMES 2
3-5 TIMES 3
6-10 TIMES 4
11+ TIMES 5D. How old were you the (first/last) time you
wrecked someone else's property on purpose?AGE ONS: ____
ONS: 1 2 3 4 5AGE REC: ____
REC: 1 2 3 4 5

(E11)
CD3RA8
CD4A5
CDICDG1-14

I19A. Have you ever hurt or killed an animal on purpose, like a dog, cat, bird, gerbil, or a larger animal like a horse or cow?
DO NOT COUNT HUNTING OR INSECT KILLING.

NO . . (SKIP TO I20A) . 1
YES . . . (SPECIFY) . . 5 *

SPECIFY: _____

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

IF DK, ASK B1.

1. **IF DK,** Was it . . .

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

C. How old were you the (first/last) time it happened?

AGE ONS: _____
ONS: 1 2 3 4 5

AGE REC: _____
REC: 1 2 3 4 5

CD4A1
CDICDG1-22

I20A. Have you often been a bully, hurting or being mean to other people on purpose?

NO 1
YES . . (SKIP TO C) . . 5 *

B. Have people often complained that you were a bully?

NO . (SKIP TO BOX I21) 1
YES 5 *

C. How old were you the (first/last) time this happened?

AGE ONS: _____
ONS: 1 2 3 4 5

AGE REC: _____
REC: 1 2 3 4 5

BOX I21: IF NO SIBS, SKIP TO I21F.

I21A. Have you ever been in fights with your brother(s)/sister(s), not just screaming or arguing, but fights where you hit each other?

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

CD3RA11

B. How many times have you started fights like that? **IF DK, ASK B1**

____ TIMES
IF 00, SKIP TO F

1. **IF DK**, Was it . . .

NEVER . . (SKIP TO F) . 0
1 TIME 1
2 TIMES 2
3-5 TIMES 3
6-10 TIMES 4
11+ TIMES 5

C. Why do you get into fights with your brother(s)/sister(s)?

SPECIFY: _____

CD3RA11
CD4A2

D. Have you ever physically hurt your brother(s)/sister(s) on purpose in a fight that you started?

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

SPECIFY INJURY: _____

E. How old were you the (first/last) time you started a fight with your brother(s)/sister(s)?

AGE ONS: ____
ONS: 1 2 3 4 5

AGE REC: ____
REC: 1 2 3 4 5

(E13)

F. Have you ever been in fights with other kids, where you hit each other?

NO . . (SKIP TO I22A) . 1
YES 5

CD3RA11
CD4A2
CDICDG1-10

G. How many times have you started these fights? **IF DK, ASK G1.**

TIMES: ____ *

IF 00, SKIP TO I22A

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

1. **IF DK**, Was it . . .

NEVER . (SKIP TO I22A) . 0
1 TIME 1
2 TIMES 2
3-5 TIMES 3 *
6-10 TIMES 4 *
11+ TIMES 5 *

H. How old were you the (first/last) time you started a fight with someone other than your brother(s)/sister(s)?

AGE ONS: ____
ONS: 1 2 3 4 5

AGE REC: ____
REC: 1 2 3 4 5

(E14)
CD4A3
CDICDG1-11

I22A. Have you ever used weapons like sticks, rocks, or sharp objects when you've been fighting or trying to hurt someone? (Did you ever use a knife or a gun?)
SPECIFY: _____

NO .(SKIP TO I23A) 1
YES . .(SPECIFY) . 5 *

CD3RA10

B. How many times have you used things besides your hands in a fight or to hurt someone? **IF DK, ASK B1.** _____ TIMES

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

C. How old were you the (first/last) time you used (OBJECT) or anything else? AGE ONS: _____
ONS: 1 2 3 4 5

AGE REC: _____
REC: 1 2 3 4 5

(E16)
CD3RA13
CD4A4
CDICDG1-13

I23A. Have you done anything on purpose to physically hurt another person without using a weapon?

NO . (SKIP TO I24) 1
YES 5

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

1. Did this happen only during a fight? NO 1
YES .(SKIP TO I24) 5

B. What did you do?

C. How many times have you hurt another person on purpose (when you were not fighting)? _____ TIMES *
IF DK, ASK C1.

1. **IF DK,** 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/last) time you hurt someone on purpose? AGE ONS: _____
ONS: 1 2 3 4 5

AGE REC: _____
REC: 1 2 3 4 5

(E12)
CD3RA9
CD4A7
CDICDG1-21

I24. Have you ever made someone do sexual things with you? **RECORD ONLY IF VOLUNTEERED**

NO .(SKIP TO I25A) 1
YES (RECORD ONLY IF VOLUNTEERED) 5*

(E17) I25A. Have you ever been in trouble with the police? NO . . . (SKIP TO C) . . . 1
 YES 5

B. How many times have you been in trouble with the police? **IF DK, ASK B1.** _____ TIMES

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

RECORD ALL EPISODES ALONG WITH RESULTS & AGES

<u>INCIDENT</u>	<u>RESULT</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Have you ever had to go to juvenile court or juvenile detention because of something you did? NO (SKIP TO BOX I26) 1
 YES 5

D. How many times have you had to go to juvenile court or juvenile detention? **IF DK, ASK D1.** _____ TIMES

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

DO NOT COUNT MULTIPLE APPEARANCES FOR THE SAME INCIDENT.

RECORD ALL EPISODES ALONG WITH AGES.

<u>REASON</u>	<u>AGE</u>
_____	_____
_____	_____
_____	_____
_____	_____

E. OMITTED
 F. OMITTED

BOX I26: IF 3 OR MORE MARKS ON TALLY I, CONTINUE. OTHERS; SKIP TO J1, P.71.

CD3R
 CD4A
 CDICD

I26. You told me that you (LIST SX ON TALLY I). NO (SKIP TO J1, P.71) 1
 Did 3 or more of these ever happen in the same 6-month period? **IF YES, ASK:** Which ones? YES 5
CIRCLE SX THAT CLUSTER.

A. How old were you the first/last time?

AGE ONS: _____
 ONS: 1 2 3 4 5

AGE REC: _____
 REC: 1 2 3 4 5

I27 and I28. OMITTED

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

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

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

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

**BEFORE CODING YES IN COL. A.; ASK PROBE,
"Is this a lot different from the way you usually feel?"**

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

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

I'm going to show you some pictures to help you understand the questions I'm going to ask. Listen to the question and look at the picture before you answer.

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

		<u>COL. A</u>		<u>COL. B</u>		<u>COL. C</u>	
		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
DEP3RA1 DEP4A1 DEPICDB1	1. Have you been feeling <u>very</u> sad, unhappy or really down? 1 5 (SHOW PICTURE A)			1	5	1	5 *
DEP3RA1 DEP4A1	2. Have you often felt like crying? . . . 1 5 (SHOW PICTURE B)			1	5	1	5 *
DEP3RA1 DEP4A1 DEPICDB2	3. Have you felt that nothing seemed fun anymore? 1 5 (SHOW PICTURE C)			1	5	1	5 *
DEP3RA2 DEP4A2 DEPICDB2	4. Have you not wanted to do things you usually like? 1 5 (SHOW PICTURE D)			1	5	1	5 *
DEP3RA1 DEP4A1	5. Have you felt crabby or angry? 1 5 (SHOW PICTURE E)			1	5	1	5 *

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

DEP3RA6 DEP4A6 DEPICDB3	6. Have you felt more tired? 1 5 (SHOW PICTURE F)			1	5	1	5 *
-------------------------------	--	--	--	---	---	---	-----

J2A. How old were you when these feelings of
(NAME 5*'S IN J1, COL. C) began?

AGE ONS: ____

____ / ____
MONTH YEAR

DEP3RA
DEP4A

B. How long have you been feeling (sad, crabby,
tired, or not interested in things)?

____ UNITS

CODE UNITS:

DAYS 1
WEEKS 2
MONTHS 3
YEARS 4

(J5) J3. Has there been anything going on in your life that has been making you feel bad or has been making you have these problems we've been talking about? NO . . . (SKIP TO J6A) . . . 1
YES . . . (CODE BELOW) . . . 5

SPECIFY OTHER: _____

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

CODE: ____

OTHER . . (SPECIFY) . . 1 5

J4. OMITTED

J5. OMITTED

DEP3RB1
DEP4D

J6A. Did your feeling (NAME MOOD) begin after you started taking a new medicine or after you changed the amount of a medicine you were already taking? NO . (SKIP TO J19A, P.76 AND CODE CURRENT EPISODE) . 1
YES 5

B. What medicine did you take?

CODE: ____

CODE: ____

SKIP TO J19A, P.76 AND CODE CURRENT EPISODE.

(J6) J7. Has there been any other time in your life when you felt sad, unhappy, or really down (depressed)? NO . (SKIP TO BOX J34, P.81) 1
YES 5

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

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

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

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

I'm going to show you the pictures again to help you with your answers.

A. During the worst time . . .

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

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

		<u>COL. A.</u>		<u>COL. B.</u>		<u>COL. C.</u>	
		<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
DEP3RA1 DEP4A1 DEPICDB1	1. Did you feel <u>very</u> sad, unhappy or really down? (SHOW PICTURE A) . . .	1	5	1	5	1	5 *
DEP3RA1 DEP4A1	2. Did you often feel like crying? . . . (SHOW PICTURE B)	1	5	1	5	1	5 *
DEP3RA2 DEP4A2 DEPICDB2	3. Did you feel that nothing seemed fun anymore? (SHOW PICTURE C) . . .	1	5	1	5	1	5 *
DEP3RA2 DEP4A2 DEPICDB2	4. Did you not want to do things you usually liked? (SHOW PICTURE D)	1	5	1	5	1	5 *
DEP3RA1 DEP4A1	5. Did you feel crabby or angry? (SHOW PICTURE E)	1	5	1	5	1	5 *

IF NO 5'S IN COL. C; SKIP TO BOX J34, P.81. OTHERS, CONTINUE.

DEP3RA6 DEP4A6 DEPICDB3	6. Did you feel more tired?	1	5	1	5	1	5 *
	(SHOW PICTURE F)						

J8. How old were you when this really bad period of feeling (NAME 5*'S IN J7, COL. C) began? AGE ONS: ____ ____
____ ____ / ____ ____
MONTH YEAR

DEP3RA DEP4A J9. How long did it last? ____ ____ UNITS

CODE UNITS:

DAYS 1
WEEKS 2
MONTHS 3
YEARS 4

(J11) J10. 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? NO . . . (SKIP TO J13A) . . . 1
YES . . . (CODE BELOW) . . . 5

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

CODE: ____ ____ ____

OTHER . . (SPECIFY) . . 1 5

J11. OMITTED

J12. OMITTED

DEP3RB1
DEP4D

J13A. Did your feeling (NAME MOOD) begin after you started taking a new medicine or changing the amount of a medicine you were already taking? NO . (SKIP TO J19A, P.76 AND CODE PAST EPISODE) . . 1
YES 5

B. What medicine did you take?

CODE: ____ ____ ____

CODE: ____ ____ ____

**IF MEDICINE IS NOT ON CARD J-2;
SKIP TO J19A, P.76 AND CODE THIS PAST EPISODE.**

(J12) DEP3RA1 DEP3RA2 DEP3RB1 DEP4A DEP4A1 DEP4A2	J14A. Have you ever had another really bad time that lasted more than one day when you were feeling (NAME SX IN J7A.1-6), and you <u>were not taking medicine</u>)?	NO . (SKIP TO J19A, P.76 AND CODE EPISODE REPORTED IN J7) 1 YES 5
	1. Was it as long as four days?	NO . (SKIP TO J19A, P.76 AND CODE EPISODE REPORTED IN J7) 1 YES 5
	2. Did this bad time last most of the day? For example, in the morning and afternoon or in the afternoon and evening?	NO . (SKIP TO J19A, P.76 AND CODE EPISODE REPORTED IN J7) 1 YES 5
DEP3RA1 DEP4A2	B. Were you feeling sad, unhappy, depressed, or crabby?	NO 1 YES 5
DEP3RA2 DEP4A2	C. Did you stop wanting to do the things you liked or stop having fun doing things you liked?	NO 1 YES 5
DEP3RA6 DEP4A6 DEPICDB3	D. Did you feel more tired?	NO 1 YES 5

(J13)	J15. How old were you when this time began?	AGE ONS: ____ ____
		____ ____ / ____ ____
		MONTH YEAR

(J14) DEP3RA DEP4A	J16. How long did it last?	____ ____ UNITS
		CODE UNITS:
		DAYS 1
		WEEKS 2
		MONTHS 3
		YEARS 4

(J15)	J17. 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?	NO . . . (SKIP TO BOX) . . . 1 YES . . . (CODE BELOW) . . . 5
	SPECIFY OTHER: _____	CODE ALL: NO YES
	_____	PARENTAL CONFLICT . . . 1 5
	_____	PARENT/CHILD PROBLEMS . 1 5
		PEER PROBLEMS 1 5
		ROMANTIC PEER PROBLEMS 1 5
		MOVING 1 5
		ILLNESS/DEATH (OTHER'S) 1 5
		ILLNESS (SELF) 1 5
		CODE: ____ ____
		OTHER . . (SPECIFY) . . 1 5

CODE THIS EPISODE IN MOST SEVERE PAST EPISODE COLUMN.

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

During the past two weeks ... During your worst period when you were (CHECK AGE IN J8/J15) years old ...		CURRENT EPISODE	MOST SEVERE PAST EPISODE
DEP3RA5 DEP4A5 DEPICDC5	J22. Did you have a lot more trouble than usual keeping still, so that even other people could have noticed it?	NO 1 YES 5*	NO 1 YES 5*
(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?)			
DEP3RA5 DEP4A5 DEPICDC5	J23. Did you feel slowed down, so slowed down that other people could have noticed it?	NO 1 YES 5*	NO 1 YES 5*
(PROBE: DID IT TAKE YOU LONGER TO MOVE AROUND? WERE YOU WALKING OR TALKING MORE SLOWLY? DID IT SEEM TO YOU THAT YOU WERE THINKING MORE SLOWLY?)			
(J25) DEP3RA7 DEP4A7 DEPICDC1	J24. Did you feel like everything you did was wrong or that you just weren't any good?	NO 1 YES 5*	NO 1 YES 5*
(J26) DEP3RA7 DEP4A7 DEPICDC2	J25. Did you feel that everything was your fault or did you feel guilty about a lot of things?	NO 1 YES 5*	NO 1 YES 5*
(PROBE: DID YOU FEEL THAT FAMILY PROBLEMS WERE YOUR FAULT? DID YOU FEEL GUILTY ABOUT PROBLEMS AT SCHOOL OR WITH FRIENDS?)			
DEP3RA7 DEP4A7 DEPICDC1	A. Did you feel like nothing would ever work out for you?	NO 1 YES 5*	NO 1 YES 5*
(J27) DEP3RA8 DEP4A8 DEPICDC4	J26A. Did you have more trouble than usual keeping your mind on what you were supposed to be doing. For example , did you have trouble paying attention at school?	NO 1 YES 5*	NO 1 YES 5*
DEP3RA8 DEP4A8 DEPICDC4	B. Did other people say that you were having trouble keeping your mind on things?	NO 1 YES 5*	NO 1 YES 5*
(J28) DEP3RA8 DEP4A8 DEPICDC4	J27A. 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 DEP4A8 DEPICDC4	B. Did other people say that you were having trouble making up your mind?	NO 1 YES 5*	NO 1 YES 5*

During the past two weeks ... During your worst period when you were (CHECK AGE IN J8/J15) years old ...		CURRENT EPISODE	MOST SEVERE PAST EPISODE
(J29) DEP3RA9 DEP4A9 DEPICDC3	J28A. Were there times when things seemed so bad that you wished you were dead?	NO 1 YES 5*	NO 1 YES 5*
DEP3RA9 DEP4A9 DEPICDC3	B. Did you think a lot about being dead or dying?	NO 1 YES 5*	NO 1 YES 5*
DEP3RA9 DEP4A9 DEPICDC3	C. Did you make a plan about how you might kill yourself?	NO 1 YES 5*	NO 1 YES 5*
DEP3RA9 DEP4A9 DEPICDC3	D. Did you try to kill yourself?	NO 1 YES 5*	NO 1 YES 5*
<div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> FOR ANY 5 IN A-D, ASK E. OTHERS, SKIP TO J29. </div>			
	E. Do you feel that way now?	NO 1 YES . . (SPECIFY) . 5 SPECIFY FEELINGS: _____ _____ _____	NO 1 YES . . (SPECIFY) . 5 SPECIFY FEELINGS: _____ _____ _____
J29. INTERVIEWER BOX:		IF 3 OR FEWER BOXES ON TALLY, SKIP TO J33A. IF 4 OR MORE, CONTINUE.	IF 3 OR FEWER BOXES ON TALLY, SKIP TO J33A. IF 4 OR MORE, CONTINUE.
SHOW R TALLY J J30A. You've told me that you felt (sad, uninterested, or irritable, etc.). Were you also having problems with (appetite, sleeping, concentrating, etc.) at that time? 1. Did most of these problems happen most of the day, nearly every day? DEP3RA DEP4A DEPICDG1 B. Did it last 2 weeks or more? C. When did it begin? D. How long did it last?		NO. (SKIP TO J31A) 1 YES 5 NO 1 YES 5 NO. (SKIP TO J31A) 1 YES 5 ____ / ____ MONTH YEAR ____ WEEKS	NO. (SKIP TO J31A) 1 YES 5 NO 1 YES 5 NO. (SKIP TO J31A) 1 YES 5 ____ / ____ MONTH YEAR ____ WEEKS

During the past two weeks... During your worst period when you were (CHECK AGE IN J8/J15) years old...		CURRENT EPISODE	MOST SEVERE PAST EPISODE																																
J31A.	Did you feel like this <u>only</u> because someone close to you died?	NO. .(SKIP TO B) . 1 YES. (CODE BELOW) . 5 DEATH OF FAMILY MEMBER.(SPECIFY) . 2 DEATH OF FRIEND . . 3 OTHER . (SPECIFY) . 5 SPECIFY:_____	NO. .(SKIP TO B) . 1 YES. (CODE BELOW) . 5 DEATH OF FAMILY MEMBER .(SPECIFY) 2 DEATH OF FRIEND . . 3 OTHER . (SPECIFY) . 5 SPECIFY:_____																																
	1. Did the feelings begin within 6 months after (PERSON's) death?	NO. .(SKIP TO B) . 1 YES 5	NO. .(SKIP TO B) . 1 YES 5																																
DEP3RB2 DEP4E	2. When did (PERSON) die?	____ / ____ MONTH YEAR	____ / ____ MONTH YEAR																																
		SKIP TO J32	SKIP TO J32																																
DEP3RB1 DEP4D	B. Did you feel like this <u>only</u> while you were very sick?	NO 1 YES . .(SPECIFY) . 5 SPECIFY: _____ CODE: ____	NO 1 YES . .(SPECIFY) . 5 SPECIFY: _____ CODE: ____																																
DEP3RB1 DEP4D	C. Did you feel like this <u>only</u> while you were taking medicine?	NO 1 YES . .(SPECIFY) . 5 SPECIFY: _____ CODE: ____ CODE: ____ CODE: ____	NO 1 YES . .(SPECIFY) . 5 SPECIFY: _____ CODE: ____ CODE: ____ CODE: ____																																
(J33) DEP4C	J32. Did having these feelings change things for you at/with ... COUNT NEGATIVE EFFECTS ONLY.	<table border="0"> <thead> <tr> <th></th> <th>NO</th> <th>YES</th> </tr> </thead> <tbody> <tr> <td>SCHOOL</td> <td>1</td> <td>5</td> </tr> <tr> <td>HOME</td> <td>1</td> <td>5</td> </tr> <tr> <td>FRIENDS</td> <td>1</td> <td>5</td> </tr> <tr> <td>OTHER (SPECIFY) 1</td> <td></td> <td>5</td> </tr> </tbody> </table> SPECIFY: _____ IF ALL NO, SKIP TO J33A. FOR ANY 5's, ASK A.		NO	YES	SCHOOL	1	5	HOME	1	5	FRIENDS	1	5	OTHER (SPECIFY) 1		5	<table border="0"> <thead> <tr> <th></th> <th>NO</th> <th>YES</th> </tr> </thead> <tbody> <tr> <td>SCHOOL</td> <td>1</td> <td>5</td> </tr> <tr> <td>HOME</td> <td>1</td> <td>5</td> </tr> <tr> <td>FRIENDS</td> <td>1</td> <td>5</td> </tr> <tr> <td>OTHER (SPECIFY) 1</td> <td></td> <td>5</td> </tr> </tbody> </table> SPECIFY: _____ IF ALL NO, SKIP TO J33A. FOR ANY 5's, ASK A.		NO	YES	SCHOOL	1	5	HOME	1	5	FRIENDS	1	5	OTHER (SPECIFY) 1		5		
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FRIENDS	1	5																																	
OTHER (SPECIFY) 1		5																																	
	A. How much did things change with _____? (1) A little, (2) somewhat, or (3) a lot?	<table border="0"> <tbody> <tr> <td>SCHOOL</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HOME</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FRIENDS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	SCHOOL	1	2	3	HOME	1	2	3	FRIENDS	1	2	3	OTHER	1	2	3	<table border="0"> <tbody> <tr> <td>SCHOOL</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HOME</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FRIENDS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	SCHOOL	1	2	3	HOME	1	2	3	FRIENDS	1	2	3	OTHER	1	2	3
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During the past two weeks... During your worst period when you were (CHECK AGE IN J8/J15) years old...	CURRENT EPISODE	MOST SEVERE PAST EPISODE
(J34) J33A. Did your parents ever take you to a doctor or anyone else who helps children because of the way you were feeling?	NO. .(SKIP TO E) . 1 YES 5	NO. .(SKIP TO E) . 1 YES 5
	AS AN OUTPATIENT	AS AN OUTPATIENT
B. Did you see:		
1. a psychiatrist or a psychologist?	NO 1 YES 5	NO 1 YES 5
2. another medical doctor?	NO 1 YES 5	NO 1 YES 5
3. a school counselor or social worker?	NO 1 YES 5	NO 1 YES 5
4. someone like a minister, priest, or rabbi?	NO 1 YES 5	NO 1 YES 5
5. another person who helps children?	NO 1 YES. . (SPECIFY) . 5 SPECIFY: _____	NO 1 YES. . (SPECIFY) . 5 SPECIFY: _____
C. How many times did you see (PERSON(S) CHILD SAW) for help?	_____ TIMES	_____ TIMES
D. Did you get any medicine?	NO 1 YES. . (SPECIFY) . 5 SPECIFY: _____ _____ CODE: _____ CODE: _____ CODE: _____	NO 1 YES. . (SPECIFY) . 5 SPECIFY: _____ _____ CODE: _____ CODE: _____ CODE: _____
E. Did you have to go into the hospital?	NO.(SKIP TO BOX J33) 1 YES . .(SPECIFY) . 5 SPECIFY: _____	NO. (SKIP TO J34A) 1 YES . . (SPECIFY) . 5 SPECIFY: _____
F. How long did you stay in the hospital?	_____ DAYS	_____ DAYS
G. Did they give you any medicine or pills while you were in the hospital?	NO 1 YES. . (SPECIFY) . 5 SPECIFY: _____ _____ CODE: _____ CODE: _____	NO 1 YES. . (SPECIFY) . 5 SPECIFY: _____ _____ CODE: _____ CODE: _____
	BOX J33: GO BACK TO J7 AND ASK ABOUT MOST SEVERE PAST EPISODE.	

BOX J34:
IF NO CURRENT OR PAST EPISODE; SKIP TO M1, P.84.
OTHERS, CONTINUE.

- J34A. Have you had any other really bad times of
 feeling sad, depressed or crabby for at least 2
 weeks? NO(SKIP TO M1, P.84) 1
 YES 5
- B. How many times like that have you had in your
 life? _____ TIMES
- C. How old were you the (first/last) time? AGE ONS: _____
 ONS: 1 2 3 4 5
- AGE REC: _____
 REC: 1 2 3 4 5
- D. How many different times have you been in the
 hospital for feeling that way? _____ TIMES
- E. How many different times have you been treated
 for these feelings without staying in a hospital? _____ TIMES

J35. OMITTED

SECTION OMITTED FOR CHILDREN

SECTION OMITTED FOR CHILDREN

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 home or away from members of your family. This may have happened when you were younger, so think about those times also.

(K1) SADD3RA1 SADD4A2 SADDICDA1	M1A.	Have there been a lot of times when you <u>really</u> worried that something bad might happen to one of your parents or another family member -- like they might get hurt or die? Perhaps you worried that they might never come back?	NO . . (SKIP TO M2A) . . 1 YES . . .(SPECIFY) . . 5
--	------	--	--

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

SPECIFY INCIDENT:_____

PERSON: _____

B.	Did you ever try to stay home from school or some other place because you were worried about (PERSON)?	NO 1 YES 5
----	--	-----------------------------------

(K2) SADD3RA2 SADD4A3 SADDICDA2	M2A.	Have there been a lot of times when you <u>really</u> worried that something bad might happen to you - like getting kidnapped, killed, or lost, so that you couldn't see your parents or other family members again?	NO . . (SKIP TO BOX) . . 1 YES . . .(SPECIFY) . . 5
--	------	--	--

SPECIFY INCIDENT:_____

PERSON: _____

B.	Did you ever try to stay home from school or some other place because you were worried about (PERSON)?	NO 1 YES 5
----	--	-----------------------------------

<p>IF M1B OR M2B IS CODED 5, SKIP TO M3C. OTHERS, CONTINUE.</p>
--

(K3)
SADD3RA3
SADD4A4
SADDICDA3

M3A. Have you ever tried to stay home from school a lot because of being afraid to leave (PERSON/SOMEONE YOU ARE CLOSE TO)?

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

SPECIFY: _____

B. Have there been many times when you really didn't want to go other places without (PERSON/SOMEONE YOU ARE CLOSE TO) because you were worried that something bad might happen?

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

SPECIFY: _____

IF NO TO M3A AND M3B; SKIP TO N1, P. 88.
OTHERS, CONTINUE

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

IF M3C = 00 or 01; SKIP TO N1, P.88.

1. IF DK, Did it last . . .

1 WEEK OR LESS (SKIP TO N1, P. 88)	1
2 WEEKS	2
3 WEEKS	3
4 WEEKS	4

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

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

(K4)
SADD3RA4
SADD4A6
SADDICDA4a

M4A. During the time you were worried about (PERSON(S) in M1B-M3B), were there of needed someone like a parent or grandparent, brother or sister to stay close to you could get to sleep?

B. Would you often get up to make sure (PERSON IN M1B-M3B) was there or get into bed with him/her?

SADDICDA4b

NO	1
YES	5

(K5)
SADD3RA4
SADD4A6
SADDICDA4c

M5A. During that time, would you say "no" if someone asked you to sleep over at 1
YES . . . (SPECIFY) . . 5

SPECIFY REASON: _____

B. Have there been times when you had to sleep over at someone else's house, but want to, because you were worried about being away from (PERSON(S) in M1B-M3B)?

(K6)
SADD3RA5
SADD4A5
SADDICDA5

M6A. Have there been a lot of times when you were ~~afraid~~ to be in the house by you
to be with someone all of the time? YES 5

B. Would you follow around or hang onto (PERSON(S) IN M1B-M3B) so you wouldn't

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

(**PROBE:** NOT JUST WHEN SOMETHING LIKE A THUNDERSTORM SCARED YOU, BUT JUST BE

(K7)
SADD3RA9
SADD4A1
SADDICDA8

M7. Have there been times when you went to camp or ~~NO~~ to visit someone - like your
friend, and you became so upset and worried that ~~YES~~ you ~~wanted~~ (SPECIFY) come home ear

SPECIFY: _____

R'S REACTION: _____

(K8)
SADD3RA9
SADDICDA8

M8A. Were there many times when you needed to call ~~home~~ because you were worried
M1B-M3B), or you were worried that something ~~might~~ be wrong? 5

B. If (PERSON(S) IN M1B-M3B) went somewhere without you, would you need to call
you were worried that something bad might have happened?

NO 1
YES 5

(K9)
SADD3RA6
SADD4A7
SADDICDA6

M9. During that time, did you often have bad dreams ~~NO~~ about being away from (PERSON(S)
or other people you love? YES 5

(K10)
SADD3RA6
SADD4A8
SADDICDA7

M10. During the time when you were worried about (PERSON(S) IN M1B-M3B), were the
when you got really bad headaches or stomachaches ~~YES~~, or you threw up when you
or someplace else?

(K11)
SADD3RA8
SADD4A1
SADDICDA8

M11A. When you have had to leave (PERSON(S) IN M1B-M3B), did you often cry and beg
you were afraid something terrible might happen? YES 5

B. When (PERSON(S) IN M1B-M3B) had to leave, did you cry and beg him/her to stay
afraid something terrible might happen?

NO 1
YES 5

(K12)
SADD3RC
SADD4C
SADDICDC

M12A. How old were you when you started having feelings like ~~(COMMON'S IN M1B-M11)~~
ONS: 1 2 3 4 5

B. How old were you the last time you had any of those feelings?

AGE REC: ____

C. How long did the longest period of (NAME 5'S IN M1B-M11) last? ~~2 IF DK, ASK~~

SADD3RB
SADD4B
SADDICDE

1. **IF DK**, Did it last ...

____ WEEKS

(K13)

1 WEEK OR LESS 1
2 WEEKS 2
3 WEEKS 3
4 WEEKS OR MORE 4

M13. OMITTED

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

M14A. When you were worried and upset about being away from (PERSON), did any the
IN COL. I)

SADD4D

		<u>COL. I</u>		<u>COL. II</u>		
		<u>NO</u>	<u>YES</u>			
1.	Was it hard for you to get along with family?	1	5	1	2	3
2.	Was it hard for you to get your schoolwork done?	1	5	1	2	3
3.	Was it hard for you to get along with teachers at school?	1	5	1	2	3
4.	Did you miss any school?	1	5	1	2	3
5.	Was it hard for you to have fun with your friends?	1	5	1	2	3

M15. OMITTED

I'm going to ask you some questions about things some kids your age worry about. I want to

(L1) N1. Have you ever been the kind of person who worries a lot? 1
 YES 5

(L2) N2A. Have you ever worried a lot about things before they happened like starting the bus, going to see the doctor, taking a test, or participating in a sport?

(PROBE: DID YOU THINK ABOUT WHAT WAS GOING TO HAPPEN AND WORRY THAT IT WAS

PROBE FOR MORE THAN ONE EXAMPLE:

OD3RA1
 GAD4A
 GADICDA

B. Did you worry about these things over and over so that it really upset you?
 YES . . (SPECIFY) . . 5*

SPECIFY HOW IT UPSET R: _____

(L3) N3A. Have you ever really worried a lot about little things like people being angry with you? example, do you worry that things you said to people would make them angry?

SPECIFY EXAMPLE: _____

OD3RA2
 GAD4A
 GADICDA

B. Did you worry about that a lot, so that it really upset you? 1
 YES . . (SPECIFY) . . 5*

SPECIFY HOW IT UPSET R: _____

BOX N3:
IF NO 5*'s, SKIP TO NN1A, P.92.
OTHERS, CONTINUE.

(L4) OD3RA3 GAD4A GADICDA	N4A.	Have you ever worried a lot that your parents NO teachers would be unhappy	YES 5*
	B.	Have you ever worried about how well you would do in things like sports, sc making friends, things like that?	NO 1 YES . . (SPECIFY) . . 5*
	SPECIFY EXAMPLE: _____		
(L5) OD3RA4	N5.	Have you ever gotten sick from worrying? For NO example, did you worry so muc stomach started to hurt?	YES 5*
(L6) OD3RA5	N6A.	Have you ever worried about how you looked, wh NO to. (SKIP TO N7A) to act in f friends?	YES 5
	B.	Everyone feels that way a little bit. Did you feel that way <u>a lot</u> , so that it really made you upset with yourself?	NO 1 YES 5*
(L7)	N7A.	Have there been times when you were always asking someone in your family, a friend to check that your schoolwork was done NO correctly?	YES 5
	B.	Have there been <u>a lot of times</u> when you asked your family or friends if the good at doing things you like to do, like sports, games, or other activitie	NO 1
	C.	Have there been a lot of times when you asked YES your parents or someone else friends really liked you?	YES 5
	D.	Have there been many times when you would ask your friends or someone else your teacher or other adults were angry with you?	NO 1 YES 5
			NO 1 YES 5
OD3RA6 GAD4A GADICDA	E.	ARE 2 OR MORE 5'S CODED IN N7A-D?	NO 1 YES 5*
	F.	OMITTED	

(L8) OD3RA7	N8.	Have you ever been <u>so</u> worried that it was hard for you to just have fun with watch TV?	NO YES	1 5*
GAD4B GADICDB	N9.	Have you worried so much that you couldn't make the worry go away?	NO YES	1 5*
GAD4C1 GADICDC1	N10.	When you worried about (NAME WORRIES), was it hard for you to relax and sit	NO YES	1 5*
GAD4C2 GADICDC2	N11.	Did worrying like that make you tired?	NO YES	1 5*
GAD4C3 GADICDC3	N12A.	When you've gotten really worried, have you had trouble keeping your mind on schoolwork or homework?	NO YES	1 5*
	B.	When you've been worried, have you had trouble remembering things you were	NO YES	1 5*
GAD4C4 GADICDC4	N13.	When you've been really worried, have you felt crabby or angry?	NO YES	1 5*
GAD4C5 GADICDC5	N14.	When you've been really worried, have your muscles felt tight?	NO YES	1 5*
GAD4C6 GADICDC6	N15A.	When you've worried a lot, have you had a hard time falling asleep at night	NO YES	1 5*
	B.	When you've worried a lot, have you often woken up at night or earlier than morning?	NO YES	1 5*
	C.	Would you wake up tired in the morning?	NO YES	1 5*
(L9) GADICDE	N16A.	How old were you when you first started (NAME WORRIES)?	AGE: _____ ONS: 1 2 3 4 5	
	B.	How old were you the last time you had any of these worries?	AGE REC: _____ REC: 1 2 3 4 5	
(L10) OD3RA	N17A.	Did most of these things happen around the same time. (for example, in the summer)	NO YES	1 5
OD3RA GAD4A	B.	Did these things last for 6 months or longer?	NO YES	1 5

N18. OMITTED

N19. OMITTED

N20A. Have your parents ever taken you to a doctor or someone else who helps children who were having worries like the ones we've been talking about? . . . 5

B. Did you see:

	NO	YES
1. a psychiatrist or psychologist?	1	5
2. another medical doctor?	1	5
3. a school counselor or social worker?	1	5
4. someone like a minister, priest, or rabbi?	1	5
5. another person who helps children? (IF YES, SPECIFY) . .	1	5

SPECIFY: _____

C. Did the (PERSON) give you any medicine for your worrying? 1
YES . . (SPECIFY) . . 5

SPECIFY: _____

CODE: ____ ____ ____

CODE: ____ ____ ____

D. What did the (PERSON) say?

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

N21A. When you were (NAME 5*'S IN N2B-N15C), did any the following things happen

	NO	YES			
--	----	-----	--	--	--

GAD4E
GADICDF

1. Was it hard for you to get along with your parents?	1	5	1	2	3
2. Was it hard for you to get along with your teachers?	1	5	1	2	3
3. Was it hard to do your homework?	1	5	1	2	3
4. Was it hard for you to get along with your friends?	1	5	1	2	3
5. Was it hard for you to be happy?	1	5	1	2	3

N22. OMITTED

PAN3RA
PAN4A
PANICDA/B

NN1A. Sometimes people suddenly feel scared, even when most other kids wouldn't be scared.
Have you ever suddenly felt very upset and afraid and didn't know why?

1	2	3	4	5
---	---	---	---	---

SPECIFY: _____

DRUG/MED CODE: _ _ _

ILLNESS CODE: _ _ _

(**PROBE:** THIS WOULD HAVE HAPPENED AT A TIME WHEN YOU USUALLY WOULDN'T BE AFRAID. FOR EXAMPLE, YOU WEREN'T TAKING A TEST, OR SPEAKING IN FRONT OF THE CLASS, OR DOING SOMETHING ELSE THAT WOULD MAKE YOU NERVOUS.)

<p>IF NN1A = 1, SKIP TO P1, P.95. = 2, 4, OR 5; SKIP TO NN2A. = 3, CONTINUE.</p>
--

B. Did you feel like this while you were	USING	1
taking (DRUG/MED), or after you stopped	STOPPED/CUT DOWN.	2
or cut down on using (DRUG/MED), or both?	BOTH	3

PAN3RC
PAN4A1
PANICDB

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

When you (NAME EXAMPLE IN NN1A), did you also ...

	NO	YES
1. feel your heart beating hard?	1	5
2. start sweating?	1	5
3. feel your body shaking?	1	5
4. have trouble breathing, like a pillow was covering your face?	1	5
5. feel like you were choking?	1	5
6. feel pain in your chest?	1	5
7. feel sick to your stomach or feel pain in your stomach?	1	5
8. feel dizzy, faint, or like you might fall down?	1	5
9. feel like you were not real, or like you were outside of your body looking at yourself, or like you were in a dream?	1	5
10. feel like you might go crazy or lose control of yourself?	1	5
11. feel a strange tickling or tingling in your fingers or toes, like they had gone to sleep?	1	5
12. feel cold?	1	5
13. feel hot?	1	5
14. have a dry mouth?	1	5
15. think you were going to die?	1	5

IF 3 OR FEWER 5'S IN NN2A.1-15, SKIP TO P1, P. 95. OTHERS, CONTINUE.
--

PAN3RD
PAN4A1
PANICDB2/3

NN3. When you got very scared and upset, did	NO	1
(NAME 5'S IN NN2A) happen all of a sudden and	YES	5
get worse very quickly?		

PAN4A1

NN4A. How many times have you been scared and upset _____ TIMES
and had (NAME 5'S IN NN2A)? **IF DK, ASK A1.**

**IF 2 TIMES OR FEWER, SKIP TO NN5.
IF 3 OR MORE TIMES, SKIP TO B.**

1. **IF DK,** Was it at least ...

1-2 TIMES .(SKIP TO NN5)	1
3-5 TIMES	2
6-9 TIMES	3
10-20 TIMES	4
MORE THAN 20 TIMES . . .	5

PAN3RB

B. Have you ever had . . .

1. 3 attacks within a three-week period?

NO	1
YES	5

PANICDF41.00

2. 4 attacks within a four-week period?

NO	1
YES	5

NN5. How old were you the (first/last) time you suddenly felt very scared and (NAME 5'S IN NN2A)?

AGE ONS: _____	
ONS: 1 2 3 4 5	

AGE REC: _____
REC: 1 2 3 4 5

SKIP TO P1A, P.95.

NN6. OMITTED

NN7. OMITTED

NN8. OMITTED

NN9. OMITTED

NN10. OMITTED

NN11. OMITTED

SECTION OMITTED FOR CHILDREN

Now I would like to ask you some (more) questions about times when you might have been feeli

(M1) P1A. Have you ever thought a lot about death or dying? NO . (SKIP TO P2A) . 1
YES 5

B. Can you tell me what was going on?

C. Did you have these thoughts every day or almost every day?

NO . (SKIP TO P2A) . 1

D. How old were you when you (first/last) had these thoughts? YES 5

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

AGE ONS: ____

ONS: 1 2 3 4 5

AGE REC: ____

REC: 1 2 3 4 5

E. Have you ever thought about killing yourself?

NO 1

YES 5

(M2) P2A. Have you ever made a plan about how you might kill yourself? NO . (SKIP TO P3A) . 1
YES 5

B. How many times have you made a plan like that?

C. How old were you when you (first/last) made a plan? ____ TIMES

AGE ONS: ____

ONS: 1 2 3 4 5

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

AGE REC: ____

REC: 1 2 3 4 5

(M3) P3A. Have you ever tried to kill yourself? NO 1
YES 5

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

B. How many times? _____ TIMES

C. How old were you the (first/last) time? AGE ONS: _____
ONS: 1 2 3 4 5

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

AGE REC: _____
REC: 1 2 3 4 5

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

E. Did you see a doctor for medical treatment? NO 1
SPECIFY: _____ YES . . (SPECIFY) . . 5

F. How old were you then? _____ AGE

G. Were you sorry that you didn't die? NO 1
YES 5

CODE FOR MOST SEVERE ATTEMPT.

P4A. CODE SILENTLY: TYPE OF METHOD INTENDED

CODE: ____

1. Fire gun.
2. Crash car.
3. Carbon monoxide poisoning.
4. Cut wrists, or stab self.
5. Take pills.
6. Jump from height.
7. Jump in front of train/car.
8. Strangulation, choking, suffocation, hanging.
9. Other or combination.

B. CODE SILENTLY: DEGREE OF COMPLETION

CODE: ____

1. Contemplated only.
2. Put self in vicinity (e.g., brought gun/pills into room, walked into train station).
3. Stopped short of completing act (held gun/pills, stood on edge of platform, sat in car.)
4. Attempted act (jumped, pulled trigger, swallowed pills).

(M5)

P5CODE SILENTLY: INTENT

CODE: ____

1. Unclear (no information or not sure).
2. Denies intent.
3. Reports minimal intent.
4. Reports significant intent with some ambivalence.
5. Very severe/extreme intent to die.

(M6) P6A. Did you see a doctor or a counselor because you had thoughts or made plans/tr
 YES 5

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

P7A. (Other than when you were trying to kill yourself), have you ever tried to
 purpose? YES . . (SPECIFY) . . 5

SPECIFY: _____

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

C. How old were you the (first/last) time? _____ TIMES

AGE ONS: _____
 ONS: 1 2 3 4 5

AGE REC: _____
 REC: 1 2 3 4 5

P8OMITTED

(N1) OCD3RA01 OCD4A01/2 OCDICDB2	Q1.	Have you ever had strange thoughts, ideas, or images that upset you and wouldn't go away even though you tried not to think about them? DON'T COUNT REAL WORRIES LIKE MOM BEING SICK OR OTHERS BEING MEAN TO HIM/HER.	NO 1 YES . (SPECIFY) . 5*
		SPECIFY: _____	
<hr/>			
(N2)	Q2A.	Have you ever worried a lot about having germs or dirt on your hands or on other parts of your body?	NO .(SKIP TO Q3A) . 1 YES 5
OCD3RA01 OCD4A01/2 OCDICDB2	B.	I don't mean a time when you were playing and your parent(s) told you not to get your clothes dirty. I mean did you really just worry about germs and dirt a <u>lot</u> . You tried not to, but the thought just stayed in your head?	NO 1 YES 5*
<hr/>			
(N3)	Q3A.	Have you worried a <u>lot</u> that you might get really sick? For example, did you think you might catch some really bad sickness?	NO .(SKIP TO Q4A) . 1 YES 5
	B.	Did you keep on thinking about getting sick, even though you tried to stop thinking about it?	NO .(SKIP TO Q4A) . 1 YES 5
OCD3RA01 OCD4A01 OCDICDB2	C.	Did these thoughts really upset you?	NO 1 YES 5*
<hr/>			
(N4) OCD3RA01 OCD4A01/2 OCDICDB2	Q4A.	Sometimes people have thoughts about hurting someone, like killing someone in their family, stabbing someone with a knife, pushing someone down the stairs, or poking someone's eyes out.	
		Have you had thoughts about doing something bad, like hurting someone you really liked?	NO .(SKIP TO Q5A) . 1 YES . (SPECIFY) . . 5
		SPECIFY: _____	
<hr/>			
	1.	Were you angry with that person when you were having these thoughts?	NO .(SKIP TO Q4B) . 1 YES 5
	2.	Was there any other time when you thought about doing something bad to someone you liked, when you <u>weren't</u> angry with that person?	NO .(SKIP TO Q5A) . 1 YES . (SPECIFY) . . 5
		SPECIFY: _____	
<hr/>			
OCD3RA01 OCD4A01/3 OCDICDB2/3	B.	Sometimes kids think like that, but the thoughts go away quickly. Have you thought about things like that a <u>lot</u> ? Have you tried to stop thinking about it, but couldn't make the thoughts go away?	NO 1 YES 5*

(N5)	Q5A.	Have you worried that you might do something you shouldn't, like screaming out curse words in front of the teacher, or yelling out loud in church or in the library?	NO .(SKIP TO Q6A) . 1 YES 5
	B.	Did you think these thoughts over and over?	NO .(SKIP TO Q6A) . 1 YES 5
OCD3RA01 OCD4A01 OCDICDB2	C.	Did these thoughts really upset you?	NO 1 YES 5*

	Q6A.	Have you had any other strange thoughts, ideas, or images over and over?	NO (SKIP TO BOX Q6) 1 YES . . (SPECIFY) . 5
		SPECIFY: _____	

OCD3RA01 OCD4A01 OCDICDB	B.	Did these thoughts really upset you?	NO 1 YES 5*

BOX Q6:
IF NO 5*'S IN Q1-Q6B; SKIP TO R1A., P.102. OTHERS, CONTINUE.

(N6) OCD3RA02 OCD4A03 OCDICDB3	Q7.	Have you tried to stop thinking about (NAME 5*'S IN Q1-Q6B) by doing something else, but it usually didn't work?	NO 1 YES 5*
---	-----	--	------------------------------------

(N7) OCD3RA03 OCD4A04 OCDICDB1	Q8A.	These thoughts that you've been telling me about, were they your own thoughts? What I mean is, were they coming from your own mind, or was it more like somebody put them inside your head?	SOMEONE PUT THEM IN YOUR HEAD 1 OWN THOUGHTS . . . 5*
	B.	Could you tell me a little bit more about that?	
		SPECIFY: _____	

(N8) OCD3RB OCD4C OCDICDC	Q9A.	Did these thoughts, ideas, or images take up a lot of your time?	NO 1 YES 5*
	B.	How much time (do/did) you spend each day thinking about (NAME 5*'S IN Q1-Q6B)?	AN HOUR OR LESS . . 1 MORE THAN AN HOUR 5*

(N9)	Q10A.	How old were you the first time you started having these thoughts like (NAME 5*'S IN Q1-Q6B)?	AGE ONS: ____ ONS: 1 2 3 4 5
	B.	How old were you the last time you were worried like that?	AGE REC: ____ REC: 1 2 3 4 5

OCDICDA	Q11.	Did you have these thoughts almost every day for at least 2 weeks?	NO 1 YES 5
---------	------	--	-----------------------------------

OCD4E Q12. Were you sick at the time you were having these thoughts? NO 1
YES . (SPECIFY) . . 5

SPECIFY ILLNESS: _____ CODE: ____ ____ ____
_____ CODE: ____ ____ ____

Q13. OMITTED

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

OCD3RB OCD4C OCDICDC	Q14A. Did any the following things happen because you had these thoughts over and over?(CODE IN COL. I)	COL. I		COL. II		
		NO	YES			
	1. Did your parents get upset with you for having these thoughts?	1	5	1	2	3
	2. Did you try to keep from telling your parents about these thoughts?	1	5	1	2	3
	3. Was it hard to be with your friends because of these thoughts?	1	5	1	2	3
	4. Did thinking about these things make you very upset or unhappy?	1	5	1	2	3
	5. Was it hard for you to do your schoolwork or homework because of these thoughts?	1	5	1	2	3
	6. Did the teacher tell your parents you weren't doing your schoolwork?	1	5	1	2	3
	Q15A. Did your parents ever take you to a doctor or someone else who helps children because you were having problems like the ones we've been talking about?	NO (SKIP TO R1, P.102)		1		
		YES		5		
	B. Did you see:			NO	YES	
	1. a psychiatrist or psychologist?			1	5	
	2. another medical doctor?			1	5	
	3. a school counselor or social worker?			1	5	
	4. someone like a minister, priest, or rabbi?			1	5	
	5. another person who helps children? (SPECIFY)			1	5	
	SPECIFY: _____					
	C. Did the (PERSON CHILD SAW) give you any medicine?	NO		1		
	SPECIFY: _____	YES . (SPECIFY) . .		5		
		CODE: ____ ____ ____				
	D. What did (PERSON CHILD SAW) say?	CODE: ____ ____ ____				
	SPECIFY: _____					

Q16. OMITTED

(01) Some kids have things that they feel they have to do over and over again. I'm going to read you a list of things that some kids do, and you tell me if you ever did any of these things over and over.

OCD3RAC1
OCD4AC1
OCDICDB2

R1A1. Was there ever a time when you washed your hands over and over because you were afraid they were dirty or had germs on them? NO 1
YES . (SPECIFY) . 5

SPECIFY HOW MANY TIMES A DAY AND GIVE AN EXAMPLE:

2. Was there ever a period of time when you took showers over and over because you were worried about dirt or germs? NO 1
YES . (SPECIFY) . 5

SPECIFY HOW MANY TIMES A DAY AND GIVE AN EXAMPLE:

3. Was there ever a period of time when you went back to check on something over and over? For example, you checked to see if you left the water running or a light on in your room? NO 1
YES . (SPECIFY) . 5

SPECIFY HOW MANY TIMES A DAY AND GIVE AN EXAMPLE:

4. Was there ever a period of time when you felt like you had to say prayers over and over? NO 1
YES . (SPECIFY) . 5

SPECIFY HOW MANY TIMES A DAY AND GIVE AN EXAMPLE:

5. Was there ever a period of time when you felt like you had to do anything else over and over? NO 1
YES . (SPECIFY) . 5

SPECIFY HOW MANY TIMES A DAY AND GIVE AN EXAMPLE:

**IF NO 5'S IN R1A.1-5, SKIP TO R2A.1.
OTHERS, CONTINUE.**

OCD3RB
OCD4C

B. Did it really upset you or make you angry if you couldn't (NAME POSITIVES)? NO 1
YES 5*

(02) Some kids need to do things in a special order or they get upset.

OCD3RAC1
OCD4AC1

R2A1. Did you ever feel like you had to put your
clothes on in the same order, or do your
schoolwork in the same order, or eat food in
the same order, or anything like that?

NO 1
YES . . (SPECIFY) . 5

SPECIFY: _____

2. Did you ever feel like you had to do something
in a special way, like touch the doorknob
three times before opening the door?

NO 1
YES . . (SPECIFY) . 5

SPECIFY: _____

3. Did you ever feel like you needed to keep
things in a special order? For example, did
you always have to line up all the books on
the shelf with the tallest one on one end and
the shortest at the other? Or did you have to
put all the blue things in one place and all
the red things in another?

NO 1
YES . . (SPECIFY) . 5

SPECIFY: _____

**IF NO TO R2A.1-3, SKIP TO R3A.
OTHERS, CONTINUE.**

OCD3RB
OCD3RAC2
OCD4AC2

B. Did it really upset you or make you angry if
you couldn't do things in your special order?

NO 1
YES 5*

OCD3RAC1 OCD4AC1	R3A.	Did you ever feel like you had to count things when you saw them? For example, all the square tiles on a floor or ceiling?	NO (SKIP TO BOX R3B) 1 YES . .(SPECIFY) . 5
---------------------	------	--	--

SPECIFY: _____

OCD3RB OCD3RAC2 OCD4AC2	B.	Did it <u>really</u> upset you or make you angry if you couldn't count things?	NO 1 YES 5*
-------------------------------	----	--	------------------------------------

BOX R3B:
IF NO 5*'S IN R1A-R3B; SKIP TO V1A, P.109.
OTHERS, CONTINUE.

OCD3RB	R4A.	Did you (NAME 5*'S IN R1A-R3B) a lot more than you really needed to?	NO 1 YES 5
--------	------	--	-----------------------------------

B.	Have your parents or other people said that you (NAME 5*'S IN R1A-R3B) a lot more than you really needed to?	NO 1 YES 5
----	--	-----------------------------------

C.	When you (NAME 5*'S IN R1A-R3B), did you feel that it kept bad things from happening?	NO 1 YES 5
----	---	-----------------------------------

OCDICDA	R5.	Did you (NAME 5*'S IN R1A-R3B) almost every day for at least 2 weeks?	NO 1 YES 5
---------	-----	---	-----------------------------------

OCD4E	R6.	Did you have any kind of sickness when you were doing these things?	NO 1 YES . .(SPECIFY) . 5
-------	-----	---	--

SPECIFY: _____ CODE: ____ ____ ____

_____ CODE: ____ ____ ____

(O6A) OCD3RB OCD4C OCDICDC	R7A.	Is (NAME 5*'S IN R1A-R3B) a problem for you? For example, does it take up a lot of your time?	NO 1 YES 5
-------------------------------------	------	---	-----------------------------------

OCD3RB OCD4C OCDICDC	B.	How much time do/did you spend each day (NAME 5*'S IN R1A-R3B)?	AN HOUR OR LESS . . 1 MORE THAN AN HOUR . 5
----------------------------	----	---	--

R8A.	How old were you when you first felt that you had to (NAME 5*'S IN R1A-R3B)?	AGE ONS: ____ ____ ONS: 1 2 3 4 5
------	--	--------------------------------------

B.	How old were you the last time you had to (NAME 5*'S IN R1A-R3B)?	AGE REC: ____ ____ REC: 1 2 3 4 5
----	---	--------------------------------------

R9. OMITTED

R10. OMITTED

FOR EACH 5 CODED IN COL. I, ASK

"Did that happen (1) a little, (2) somewhat (2); or (3) a lot?"
AND CODE IN COL. II.

OCD3RB
 OCD4C
 OCDICDC

		<u>COL. I</u>		<u>COL. II</u>		
		<u>NO</u>	<u>YES</u>			
R11A. Did any the following things happen because you felt you had to do things over and over? (CODE IN COL. I)						
1.	Did your parents get upset or angry with you for doing things over and over?	1	5	1	2	3
2.	Did you try to keep your parents from seeing you do things over and over?	1	5	1	2	3
3.	Did the other kids tease you or make fun of you?	1	5	1	2	3
4.	Did you stay away from other kids because you thought they would tease you or be mean to you?	1	5	1	2	3
5.	Was it hard for you to get your schoolwork or homework done, or did your grades go down? . . .	1	5	1	2	3
6.	Did the teacher tell your parents you were having a hard time getting your schoolwork done?	1	5	1	2	3

R12A. Did your parents ever take you to a doctor or someone else who helps children because you were having problems like the ones we've been talking about?	NO (SKIP TO VI A, P.109)	1
	YES	5

B. Did you see:	<u>NO</u>	<u>YES</u>
1. a psychiatrist or psychologist?	1	5
2. another medical doctor?	1	5
3. a school counselor or social worker?	1	5
4. someone like a minister, priest, or rabbi?	1	5
5. another person who helps children? (SPECIFY)	1	5

SPECIFY: _____

C. Did the (PERSON CHILD SAW) give you any medicine?	NO	1
SPECIFY: _____	YES . . (SPECIFY)	5

CODE: ____ ____ ____

D. What did (PERSON CHILD SAW) say? CODE: ____ ____ ____

SPECIFY: _____

R13. OMITTED

SECTION OMITTED FOR CHILDREN

SECTION OMITTED FOR CHILDREN

SECTION OMITTED FOR CHILDREN

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

(S1)
SCZ3RA1b

V1A. Have you ever seen things that other people looking at the same spot couldn't see? NO .(SKIP TO V2A) 1
YES 5

B. Did you see things when you were falling asleep or waking up? NO (SKIP TO C) . 1
YES 5

1. Did you ever see things at any other time, when you were not waking up or falling asleep? NO .(SKIP TO V2A) 1
YES 5

C. Tell me about what you saw. 1 2 3 4 5

(S2)
SCZ3RA1b

V2A. Have you more than once heard voices that only you could hear, and the voices sounded like they were coming from outside your head, like the way we are talking now? NO . (SKIP TO V3) 1
YES 5

B. Did you hear voices when you were falling asleep or waking up? NO . (SKIP TO C) 1
YES 5

1. Did you ever hear voices at any other time, when you were not waking up or falling asleep? NO . (SKIP TO V3) 1
YES 5

C. Tell me a little more about what you heard and what the voices said to you. 1 2 3 4 5

(S7)
SCZ3RA2

V3. 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

SPECIFY: _____

(S8)
SCZ3RA2

V4. Have you ever felt that someone on TV or on the radio was making fun of you or saying bad things about you? 1 2 3 4 5

SPECIFY: _____

PROBING PATTERN:

1 = NO, NEVER

2 = YES, BUT DID NOT INTERFERE

3 = YES, ALWAYS DUE TO MED/DRUGS/ALC

4 = YES, ALWAYS DUE TO PHYSICAL ILLNESS/INJURY

5 = YES, PSYCHIATRICALY RELEVANT

(S9)
SCZ3RA2

V5. Have you ever heard your thoughts spoken out loud?

(PROBE: LIKE THEY WERE BEING BROADCAST ON THE RADIO?)

SPECIFY: _____

1 2 3 4 5

IF NO PROBING BOX IS CODED 3, 4, OR 5 IN V1-V5; SKIP TO X1, P.114.
OTHERS, CONTINUE.

(S3)
SCZ3RA1b

V6A. Have you more than once heard very strange sounds or noises besides voices that only you could hear?

NO .(SKIP TO V7A) 1
YES 5

B. Did you hear strange sounds when you were falling asleep or waking up?

NO . (SKIP TO C) 1
YES 5

1. Did you ever hear strange sounds at any other time when you were not waking up or falling asleep?

NO .(SKIP TO V7A) 1
YES 5

C. Tell me about what you heard.

1 2 3 4 5

(S4)
SCZ3RA1b

V7A. Have you ever smelled something very strange -- something that other people couldn't smell?

NO . (SKIP TO V8) 1
YES 5

B. Did you smell something strange when you were falling asleep or waking up?

NO . (SKIP TO C) 1
YES 5

1. Did you ever smell something strange at any other time when you were not waking up or falling asleep?

NO . (SKIP TO V8) 1
YES 5

C. Tell me about what you smelled.

1 2 3 4 5

(S5)
SCZ3RA1a

V8. Have you ever felt like strangers were watching what you were doing, like they were spying on you?

1 2 3 4 5

SPECIFY: _____

PROBING PATTERN:

1 = NO, NEVER

2 = YES, BUT DID NOT INTERFERE

3 = YES, ALWAYS DUE TO MED/DRUGS/ALC

4 = YES, ALWAYS DUE TO PHYSICAL ILLNESS/INJURY

5 = YES, PSYCHIATRICALY RELEVANT

(S6)
SCZ3RA1a

V9.

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?)

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

SPECIFY: _____

(S10)
SCZ3RA2

V10.

Have you ever thought that someone was able to control what you were thinking and make you do things you didn't want to do?

1 2 3 4 5

SPECIFY: _____

(S11)
SCZ3RA2

V11.

Have you ever felt that people could read your mind or hear what you were thinking?

1 2 3 4 5

(**PROBE:** IS THIS ONLY BECAUSE THEY'VE KNOWN YOU FOR A LONG TIME OR KNOW YOU VERY WELL?)

SPECIFY: _____

(S12)
SCZ3RA2

V12.

Have you ever been able to actually read someone else's mind?

1 2 3 4 5

SPECIFY: _____

BOX V13:
IF NO 3'S OR 4'S IN V1-V12, SKIP TO BOX V14.
OTHERS, CONTINUE.

(S13) V13. You've told me that (NAME 3'S AND 4'S IN V1-V12).
 How old were you the (first/last) time things like
 this happened?

AGE ONS: ____
 ONS: 1 2 3 4 5

AGE REC: ____
 REC: 1 2 3 4 5

BOX V14:
IF NO 5'S IN PROBING BOXES, SKIP TO X1, P.114.
OTHERS; CONTINUE.

(S13) V14. You've told me that (NAME 5'S IN V1-V12).
 How old were you the (first/last) time things like
 this happened?

AGE ONS: ____
 ONS: 1 2 3 4 5

AGE REC: ____
 REC: 1 2 3 4 5

V15A. Did your parents take you to a doctor or a counselor because of (NAME 5'S IN V1-V12). NO .(SKIP TO X1, P.114) 1
 YES 5

B. Did you see: NO YES
 1. a psychiatrist or psychologist? 1 5
 2. another medical doctor? 1 5
 3. a school counselor or social worker? 1 5
 4. someone like a minister, priest, or rabbi? 1 5
 5. another person who helps children? 1 5
 (SPECIFY) 1 5

SPECIFY: _____

C. Did (PERSON CHILD SAW) give you any medicine? NO 1
 YES . (SPECIFY) . 5

SPECIFY: _____

CODE: ____

CODE: ____

D. What did the (PERSON CHILD SAW) say?

E. Did you have to go into the hospital? NO 1
 YES . (SPECIFY) . 5

SPECIFY: _____

SECTION OMITTED FOR CHILDREN

		<u>MOTHER</u>	
X1.	Has the child had a relationship with his/her biological parents in the past year?	NO	1
		YES	5
		<u>FATHER</u>	
		NO	1
		YES	5
<p>IF THE CHILD HAS NOT HAD A RELATIONSHIP WITH THE BIOLOGICAL PARENT, LEAVE CODING SPACES FOR THAT PARENT IN THE SUBSEQUENT QUESTIONS BLANK. CODE FOR BIOLOGICAL PARENTS <u>ONLY</u> IN "MOTHER" AND "FATHER" SPACES.</p>			
X2.	Does child live with ...		
		NO STEP-PARENT . . (ASK X3)	1
		STEP-MOTHER (CODE 1 IN X3) . . .	2
		STEP-FATHER (CODE 2 IN X3) . . .	3
		BOTH STEP-MOTHER AND STEP-FATHER (CODE 1 IN X3)	4

X3.	Is there any grown-up besides your parents whom you see a lot and who is like a parent to you?	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
		PARENT'S SIGNIFICANT OTHER.	10

The person should be someone who frequently spends time with the child, acts in a parental role, and provides ongoing support beyond his/her normal role (such as teachers, or clergy, family, or friends). If child designates more than one close adult and absolutely cannot pick one, Interviewer should pick one for him/her.

**IN THIS PART OF THE INTERVIEW,
PROBE FOR ALL PARENTING FIGURES THAT APPLY.**

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

IF CHILD LIVES AWAY FROM BOTH BIOLOGICAL PARENTS SAY:

Since you don't live with (MOTHER/FATHER) now, I'd like you to answer for the last year that you lived with (MOTHER/FATHER).

Y1A. Does your (M/F/O) do helpful or fun things with you like ...	<u>MOTHER</u>		<u>FATHER</u>		<u>OTHER</u>	
	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
Schoolwork or projects?	1	5	1	5	1	5
Chores at home?	1	5	1	5	1	5
Fun activities?	1	5	1	5	1	5
Shopping?	1	5	1	5	1	5
Making plans?	1	5	1	5	1	5
Anything else? . . (SPECIFY)	1	5	1	5	1	5
SPECIFY: _____						

B. Would you say that your (MOTHER/FATHER/OTHER) spends time with you ...				<u>M</u>	<u>F</u>	<u>O</u>
	MORE THAN MOST PARENTS? . .	1	1	1	1	1
	SAME AS MOST PARENTS? . .	2	2	2	2	2
	LESS THAN MOST PARENTS? . .	3	3	3	3	3

Y2A. Do you and your (M/F/O) ever talk about the news or what's going on in the world?	<u>MOTHER</u>		<u>FATHER</u>		<u>OTHER</u>	
	NO	1	NO	1	NO	1
	YES	5	YES	5	YES	5
	<u>FATHER</u>		<u>OTHER</u>			
	NO	1	NO	1		
	YES	5	YES	5		
B. Do you and your (M/F/O) spend time talking about other things, like movies, your friends, or anything else?	<u>MOTHER</u>		<u>FATHER</u>		<u>OTHER</u>	
	NO	1	NO	1	NO	1
	YES	5	YES	5	YES	5
	<u>FATHER</u>		<u>OTHER</u>			
	NO	1	NO	1		
	YES	5	YES	5		

- Y3. Family celebrations or holidays like Thanksgiving, birthdays, or graduations are supposed to be a lot of fun, but sometimes they end up with people getting upset. In your family, are holidays ...

READ OPTIONS:

VERY UPSETTING? . . (SPECIFY) 1
 KIND OF UPSETTING? (SPECIFY) 2
 AVERAGE/BORING? 3
 KIND OF FUN? 4
 VERY FUN? 5

SPECIFY: _____

- Y4A. Does your (M/F/O) give you hugs or kisses to show that s/he cares about you?

MOTHER

NO 1
 YES 5

FATHER

NO 1
 YES 5

OTHER

NO 1
 YES 5

B. OMITTED

- C. Does your (M/F/O) show that s/he cares about others in the family by giving them hugs or kisses?

MOTHER

NO 1
 YES 5

FATHER

NO 1
 YES 5

OTHER

NO 1
 YES 5

Y5A. Do you feel like your (M/F/O) tells you that what you're doing is wrong?

MOTHER
NO .(SKIP TO Y6A) . 1
YES 5

FATHER
NO .(SKIP TO Y6A) . 1
YES 5

OTHER
NO .(SKIP TO Y6A) . 1
YES 5

B. Does this happen a little, somewhat, or a lot?

	<u>M</u>	<u>F</u>	<u>O</u>
A LITTLE	1	1	1
SOMEWHAT	2	2	2
A LOT	3	3	3

Y6A. Does your (M/F/O) ever upset you by teasing you in a mean way or saying things that hurt your feelings?

MOTHER
NO .(SKIP TO Y7A) . 1
YES 5

FATHER
NO .(SKIP TO Y7A) . 1
YES 5

OTHER
NO .(SKIP TO Y7A) . 1
YES 5

B. Does this happen a little, somewhat, or a lot?

	<u>M</u>	<u>F</u>	<u>O</u>
A LITTLE	1	1	1
SOMEWHAT	2	2	2
A LOT	3	3	3

Y7A. Does your (M/F/O) ever go out of his/her way to say you did a good job when you do something well? For example, when you get a good grade in school, does s/he tell you something nice about it or give you a reward?

MOTHER
NO .(SKIP TO Y8A) . 1
YES 5

FATHER
NO .(SKIP TO Y8A) . 1
YES 5

OTHER
NO .(SKIP TO Y8A) . 1
YES 5

B. Does this happen a little, somewhat, or a lot?

	<u>M</u>	<u>F</u>	<u>O</u>
A LITTLE	1	1	1
SOMEWHAT	2	2	2
A LOT	3	3	3

Y8A. When you have problems or are worried about something, do you talk to (M/F/O)?

MOTHER
 NO . .(CONTINUE) . 1
 YES . (SKIP TO C) . 5

FATHER
 NO . .(CONTINUE) . 1
 YES . (SKIP TO C) . 5

OTHER
 NO . .(CONTINUE) . 1
 YES . (SKIP TO C) . 5

B. What is the reason that you don't usually talk to your (M/F/O) about your problems? Is it that s/he is not interested, you don't feel comfortable, s/he is not around, some other reason, or for no reason?

MOTHER
 SPECIFY REASON (M): _____ NO REASON 1
 _____ SHE IS NOT INTERESTED . . . 2
 _____ YOU DON'T FEEL COMFORTABLE 3
 _____ SHE IS NOT AROUND 4
 _____ OTHER REASON . .(SPECIFY) . 5

FATHER
 SPECIFY REASON (F): _____ NO REASON 1
 _____ HE IS NOT INTERESTED . . . 2
 _____ YOU DON'T FEEL COMFORTABLE 3
 _____ HE IS NOT AROUND 4
 _____ OTHER REASON . .(SPECIFY) . 5

OTHER
 SPECIFY REASON (O): _____ NO REASON 1
 _____ S/HE IS NOT INTERESTED . . 2
 _____ YOU DON'T FEEL COMFORTABLE 3
 _____ S/HE IS NOT AROUND 4
 _____ OTHER REASON . .(SPECIFY) . 5

SKIP TO Z1A, P. 119.

C. Do you feel that (5'S IN Y8A) usually does a good job of listening to your troubles?

MOTHER
 NO 1
 YES 5

FATHER
 NO 1
 YES 5

OTHER
 NO 1
 YES 5

Parents have many different rules for their children.
 I'm going to name some of the things that parents do, and
 you tell me if any of the things I mention happen in your home.

Z1A.	When you do something that your (MOTHER/FATHER/OTHER) thinks is wrong, does s/he yell or fuss at you ...	MORE THAN MOST PARENTS? . . . SAME AS MOST PARENTS? . . . LESS THAN MOST PARENTS? . . .	<u>M</u> 1 2 3	<u>F</u> 1 2 3	<u>O</u> 1 2 3
------	---	---	-------------------------	-------------------------	-------------------------

B.	When you do something wrong, does your (MOTHER/FATHER/OTHER) spank you ...	NEVER? HARDLY EVER? . . SOMETIMES? . . . OFTEN?	<u>M</u> 1 2 3 4	<u>F</u> 1 2 3 4	<u>O</u> 1 2 3 4
----	---	--	------------------------------	------------------------------	------------------------------

Z2.	Sometimes when kids do something wrong, their parents ground them -- that is, not let them do something they really want to do. Does your (MOTHER/FATHER/OTHER) ground you. . .	MORE THAN MOST KIDS? . . SAME AS MOST KIDS? . . . LESS THAN MOST KIDS? . .	<u>M</u> 1 2 3	<u>F</u> 1 2 3	<u>O</u> 1 2 3
-----	--	--	-------------------------	-------------------------	-------------------------

Z3.	Do you get into trouble with your (MOTHER/FATHER/OTHER) ...	MORE THAN MOST KIDS? . . SAME AS MOST KIDS? . . . LESS THAN MOST KIDS? . .	<u>M</u> 1 2 3	<u>F</u> 1 2 3	<u>O</u> 1 2 3
-----	--	--	-------------------------	-------------------------	-------------------------

Z4A.	In your family, is your (MOTHER/FATHER/OTHER) generally fair in scolding or punishing (you/the kids)?	YES, FAIR NO, TOO EASY NO, TOO HARD DOES NOT SCOLD OR PUNISH .	<u>M</u> 1 2 3 4	<u>F</u> 1 2 3 4	<u>O</u> 1 2 3 4
------	--	---	------------------------------	------------------------------	------------------------------

**IF ONLY ONE CHILD; SKIP TO AA1, P.120.
 OTHERS, CONTINUE.**

B.	Is your (MOTHER/FATHER/OTHER) usually easier or harder on you than on your brother(s)/sister(s)?	NEITHER HARDER ON YOU . . . EASIER ON YOU . . .	<u>M</u> 1 2 3	<u>F</u> 1 2 3	<u>O</u> 1 2 3
----	--	---	-------------------------	-------------------------	-------------------------

- AA1. Does your (M/F/O) belong to any groups or clubs, like the P.T.A., a church or synagogue, or a sports team?

MOTHER

NO 1
YES . (SPECIFY) . . 5

DO NOT COUNT 12-STEP TYPE TREATMENT GROUPS, INCLUDING AA.

FATHER

NO 1
YES . (SPECIFY) . . 5

SPECIFY: _____

OTHER

NO 1
YES . (SPECIFY) . . 5

- AA2. Does your (M/F/O) have some friends s/he sees from time to time?

MOTHER

NO 1
YES 5

FATHER

NO 1
YES 5

OTHER

NO 1
YES 5

- AA3. Does your (M/F/O) get together with friends and relatives for celebrations like Thanksgiving, 4th of July, or birthdays?

MOTHER

NO 1
YES 5

FATHER

NO 1
YES 5

OTHER

NO 1
YES 5

- AA4A. When you are in an activity like a game, a play, or a concert at school, does your (M/F/O) usually attend?

MOTHER

NO 1
YES (SKIP TO AA5) . 5

FATHER

NO 1
YES (SKIP TO AA5) . 5

OTHER

NO 1
YES (SKIP TO AA5) . 5

- B. Why doesn't your (M/F/O) attend?

SPECIFY OTHER: _____

CODE ALL:

	M	F	O
	NO	YES	NO/YES
WORK	1	5	1 5
CARING FOR SOMEONE	1	5	1 5
PARENTAL TENSION	1	5	1 5
LIVES OUT OF TOWN	1	5	1 5
NOT INTERESTED .	1	5	1 5
NO REASON	1	5	1 5
OTHER .(SPECIFY)	1	5	1 5

WORK 1 5 1 5 1 5
CARING FOR SOMEONE 1 5 1 5 1 5
PARENTAL TENSION 1 5 1 5 1 5
LIVES OUT OF TOWN 1 5 1 5 1 5
NOT INTERESTED . 1 5 1 5 1 5
NO REASON 1 5 1 5 1 5
OTHER .(SPECIFY) 1 5 1 5 1 5

AA5. Does your (M/F/O) have any activities that s/he enjoys doing, like crafts, gardening, reading, or sports?

	<u>MOTHER</u>	
NO		1
YES . (SPECIFY) . .		5

SPECIFY OTHER: _____

	<u>FATHER</u>	
NO		1
YES . (SPECIFY) . .		5

	<u>OTHER</u>	
NO		1
YES . (SPECIFY) . .		5

IF PARENTS OBVIOUSLY HAVE A TROUBLED LIFE, SAY
"In spite of all their difficulties ..."

AA6A. Would you say that your (M/F/O) is a pretty happy person?

	<u>MOTHER</u>	
NO		1
YES (SKIP TO AA7A)		5

	<u>FATHER</u>	
NO		1
YES (SKIP TO AA7A)		5

	<u>OTHER</u>	
NO		1
YES (SKIP TO AA7A)		5

B. How much of the time is your (MOTHER/FATHER/OTHER) unhappy (READ OPTIONS)?

	<u>M</u>	<u>F</u>	<u>O</u>
A LITTLE	1	1	1
SOME	2	2	2
A LOT	3	3	3

AA7A. Now I would like you to think about how you get along with your (MOTHER/FATHER/OTHER). Most of the time, how well do you get along?

	<u>M</u>	<u>F</u>	<u>O</u>
POOR	1	1	1
FAIR	2	2	2
GOOD	3	3	3
EXCELLENT	4	4	4

B. Do you feel very close to your (M/F/O)?

	<u>MOTHER</u>	
NO		1
YES (SKIP TO BOX AA8A)		5

	<u>FATHER</u>	
NO		1
YES (SKIP TO BOX AA8A)		5

	<u>OTHER</u>	
NO		1
YES (SKIP TO BOX AA8A)		5

C. Why don't you feel very close to your (M/F/O)?

BOX AA8A:
IF 1 OR BOTH BIOLOGICAL PARENTS ARE DECEASED OR
IF PARENTS HAVE HAD NO CONTACT WITH EACH OTHER IN PAST YEAR,
SKIP TO BOX AA8D.

- AA8A. Some parents really like being with each other, while others don't. Do your parents seem to like being with each other? NO 1
YES 5
- B. Now I would like you to think about how well your real (biological) parents get along with each other. Most of the time, how well do they get along? EXCELLENT? 1
GOOD? 2
FAIR? 3
POOR? 4
- C. Do your parents argue and fight in front of you? NEVER? 1
HARDLY EVER? 2
SOMETIMES? 3
OFTEN? 4
- D. Do your parents fight when you are not around? NEVER? 1
HARDLY EVER? 2
SOMETIMES? 3
OFTEN? 4

BOX AA8D:

IF OTHER IS A STEP PARENT OR SIGNIFICANT OTHER AND HAS LIVED WITH R FOR 1 YEAR OR MORE, CONTINUE.
IF NO OTHER OR OTHER IS NOT A SIGNIFICANT OTHER, SKIP TO AA9.

- E. Now I would like you to think about how well your (BIO MOM/DAD) and your (STEP MOM/DAD) get along with each other. Most of the time, how well do they get along? EXCELLENT? 1
GOOD? 2
FAIR? 3
POOR? 4
- F. Do your (BIO MOM/DAD) and (STEP MOM/DAD) argue and fight in front of you . . . NEVER? 1
HARDLY EVER? 2
SOMETIMES? 3
OFTEN? 4
- G. Do your (BIO MOM/DAD) and your (STEP MOM/DAD) fight when you are not around . . . NEVER? 1
HARDLY EVER? 2
SOMETIMES? 3
OFTEN? 4

AA9.	Everyone gets fussy and crabby some of the time, but some people seem to be fussy and crabby most of the time. Is your (MOTHER/FATHER/OTHER) . . .	MORE FUSSY AND CRABBY THAN MOST PARENTS? . .	<u>M</u>	<u>F</u>	<u>O</u>
		ABOUT THE SAME AS MOST PARENTS?	1	1	1
		LESS FUSSY AND CRABBY THAN MOST PARENTS? . .	2	2	2
			3	3	3

BB1A. Does your family let you bring friends home to spend time with you? NO 1
YES .(SKIP TO BB2A) . 5

B. What is the reason your family doesn't let your friends come over to visit? **CODE ALL:** NO YES
A/D PROBLEMS AT HOME . 1 5
OTHER PROBLEMS AT HOME 1 5
SPECIFY OTHER: _____ A/D PROBLEMS W/FRIENDS 1 5
_____ OTHER PROBLEMS W/FRIENDS 1 5
_____ OTHER . . (SPECIFY) . . 1 5

BB2A. Do you get to go to your friends' homes to visit? NO 1
YES .(SKIP TO BB3A) . 5

B. What is the reason you don't get to go to your friends' homes to visit? **CODE ALL:** NO YES
A/D PROBLEMS AT HOME . 1 5
OTHER PROBLEMS AT HOME 1 5
SPECIFY OTHER: _____ A/D PROBLEMS W/FRIENDS 1 5
_____ OTHER PROBLEMS W/FRIENDS 1 5
_____ OTHER . . (SPECIFY) . . 1 5

BB3A. Do you have to let your family or someone else know where you are whenever you go somewhere? NO 1
YES 5

B. If you don't let someone know where you are going, are you ... IN NO TROUBLE AT ALL? . . . 1
IN SOME TROUBLE? 2
IN BIG TROUBLE? 3

BB4A. Does your family have rules about watching TV; for example, how much you can watch or what you can watch? NO . (SKIP TO BB5A) . 1
YES 5

B. What are the rules about? **CODE ALL:** NO YES
AMOUNT OF TIME 1 5
SPECIFY OTHER: _____ TYPE OF PROGRAM 1 5
_____ WHEN TO WATCH 1 5
_____ NO TV ALLOWED 1 5
_____ OTHER . . (SPECIFY) . . 1 5

BB5A. How many hours a day do you spend watching TV or videos on school days? _____ HOURS SCHOOL DAY

B. How many hours a day do you spend watching TV or videos on weekends? _____ HOURS WEEKEND

C. How many hours a day do you spend watching TV or videos during the summer? _____ HOURS SUMMER

CC1A. Do you have a hard time making friends?	NO	1
	YES	5

B. Do you have a hard time keeping friends?	NO	1
	YES	5

CC2. Do you have a best friend, or some best friends?	NO	1
	YES	5

CC3. OMITTED

CC4. OMITTED

CC5A. Do your parents know most of your friends?	NO	1
	YES	5

B. Do your parents dislike any of your friends?	NO (SKIP TO BOX CC6)	1
	YES	5

C. Why do they dislike your friends?

	CODE ALL:	<u>NO</u>	<u>YES</u>
SPECIFY OTHER: _____	NO REASON	1	5
_____	FRIEND GETS YOU IN TROUBLE	1	5
_____	FRIEND BEHAVES BADLY	1	5
	FRIEND'S A/D USE	1	5
	FRIEND'S PARENTS NOT RESPONSIBLE	1	5
	OTHER (SPECIFY)	1	5

BOX CC6:

IF THERE IS MORE THAN ONE CHILD IN THE FAMILY; CONTINUE WITH DD1, P.125.

IF ONLY ONE CHILD; RECORD TIME ENDED ON P.125 AND SKIP TO SARAH, P.1.

SHOULD THIS SECTION BE CODED?	NO . . . (RECORD TIME ENDED) . . .	1
	YES	5

DD1. All brother(s) and sister(s) fight some of the time.
Do you think that you and your brother(s)/sister(s) fight. . .

MORE THAN MOST BROTHER(S)/SISTER(S)? 1
SAME AS MOST BROTHER(S)/SISTER(S)? 2
LESS THAN MOST BROTHER(S)/SISTER(S)? 3

DD2. Even though you sometimes fight with your brother(s)/sister(s),
would you say that you really like each other . . .

MORE THAN MOST BROTHER(S)/SISTER(S)? 1
SAME AS MOST BROTHER(S)/SISTER(S)? 2
LESS THAN MOST BROTHER(S)/SISTER(S)? 3

DD3A. Do you and your brother(s)/sister(s) do anything together besides watch TV? NO . (SKIP TO DD4) . 1
YES 5

B. What sorts of things do you do together?

FOR EDITOR'S USE ONLY:

HE = 1
NON-HE = 5

DD4. In your family, do the older kids help take care of the younger ones? NO 1
YES 5

(**PROBE:** HELPING WITH HOMEWORK, BABYSITTING, PLAYING WITH THEM?)

DD5. Do you ever tell your brother(s)/sister(s) about your problems or worries? NO 1
YES 5

DD6. Do you and your brother(s)/sister(s) often talk about what's going on at school, with your friends, or things like that? NO 1
YES 5

DD7A. Do you and your brother(s)/sister(s) stick up for each other in arguments with your parents? NO 1
YES 5

B. Do you and your brother(s)/sister(s) stick up for each other in arguments with other kids? NO 1
YES 5

TIME ENDED: ____ : ____
(USE 24-HOUR CLOCK)

TIME STARTED: ____ : ____
(USE 24-HOUR CLOCK)

OPTIONAL
STRUCTURED ASSESSMENT RECORD OF ALCOHOLIC HOMES
(SARAH)

FAMILY DRINKING/CHEMICAL DEPENDENCY PATTERNS

REMEMBER TO ASK ABOUT MOTHER, FATHER, AND OTHER IF APPLICABLE.

SARAH 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.

		<u>MOTHER</u>	<u>FATHER</u>	<u>OTHER</u>
1A.	Does your (M/F/O) drink beer, wine, or any other alcoholic beverages?	NO . 1 YES . 5	1 5	1 5
		(IF YES, SKIP TO 2A)		
B.	Has your (M/F/O) ever drunk alcohol in the past?	NO . 1 YES . 5	1 5	1 5
		(IF NO, SKIP TO 2A)		
C.	Did your (M/F/O) drink alcohol only before you were born?	NO . 1 YES . 5	1 5	1 5

SARAH	2A.	Does your (M/F/O) take drugs like crack, cocaine, marijuana, uppers, or downers?	NO . 1 YES . 5	1 5	1 5	
			(IF YES, SKIP TO D)			
	B.	Has your (M/F/O) ever used any of these drugs in the past?	NO . 1 YES . 5	1 5	1 5	
			(IF NO, SKIP TO BOX 3)			
	C.	Did your (M/F/O) use drugs only before you were born?	NO . 1 YES . 5	1 5	1 5	
			(IF YES, SKIP TO BOX 3)			
	D.	Has your (M/F/O) used . .	<u>MOTHER</u>	<u>FATHER</u>	<u>OTHER</u>	
			<u>NO</u> <u>YES</u>	<u>NO</u> <u>YES</u>	<u>NO</u> <u>YES</u>	
	1.	marijuana?	1 5	1 5	1 5	
	2.	crack?	1 5	1 5	1 5	
	3.	cocaine?	1 5	1 5	1 5	
	4.	speed (uppers)?	1 5	1 5	1 5	
	5.	PCP/LSD?	1 5	1 5	1 5	
	6.	barbiturates (downers)?	1 5	1 5	1 5	
	7.	others?	1 5	1 5	1 5	
		IF OTHER DRUGS, SPECIFY: _____				

BOX 3:

IF (M/F/O) HAD NO ALCOHOL OR DRUG USE IN CHILD'S LIFETIME, SKIP TO SUBJECTS COMMENTS. OTHERS, CONTINUE.

Many adults drink and never have any problems. But sometimes when parents drink a lot (or take other drugs), it causes problems for them and for their families. I'm going to name some problems people may have with alcohol (or drugs) and you tell me if these are problems in your family.

SARAH	3.	Has drinking (or using drugs) ever made your (M/F/O) more crabby or angry than usual?	<u>EVER</u> MOTHER					<u>NOW</u> MOTHER				
			1	2	3	4	5	1	2	3	4	5
		NO					1					
		DRINKING	1	2	3	4	5	1	2	3	4	5
		DRUGS					3					
		BOTH					4					
		CAN'T DISTINGUISH	1	2	3	4	5	1	2	3	4	5

SARAH	4A.	When your (M/F/O) has had too much to drink (or has taken drugs), has s/he ever said or done anything that upset you or hurt your feelings?	<u>EVER</u> MOTHER					<u>NOW</u> MOTHER				
			1	2	3	4	5	1	2	3	4	5
		NO . . . (SKIP TO 5A)					1					
		DRINKING	1	2	3	4	5	1	2	3	4	5
		DRUGS					3					
		BOTH					4					
		CAN'T DISTINGUISH	1	2	3	4	5	1	2	3	4	5

B.	How many times has that happened?	<u>MOTHER</u>		<u>FATHER</u>		<u>OTHER</u>	
	1 TIME	1		1		1	
	2 TIMES	2		2		2	
	3-5 TIMES	3		3		3	
	6-10 TIMES	4		4		4	
	11+ TIMES	5		5		5	

SARAH	5A.	Has your (M/F/O) ever had too much to drink (or taken drugs) when your friends were around?	<u>EVER</u> MOTHER					<u>NOW</u> MOTHER				
			1	2	3	4	5	1	2	3	4	5
		NO . . . (SKIP TO 6)					1					
		DRINKING	1	2	3	4	5	1	2	3	4	5
		DRUGS					3					
		BOTH					4					
		CAN'T DISTINGUISH	1	2	3	4	5	1	2	3	4	5

B.	How many times has that happened?	<u>MOTHER</u>		<u>FATHER</u>		<u>OTHER</u>	
	1 TIME	1		1		1	
	2 TIMES	2		2		2	
	3-5 TIMES	3		3		3	
	6-10 TIMES	4		4		4	
	11+ TIMES	5		5		5	

SARAH C.WPD: 07/01/2002 3 COGA/C-SSAGA-C-II

SARAH	10A.	When your (M/F/O) has been drinking (or taking drugs), have you ever seen him/her unhappy or crying?												
				<u>EVER</u>					<u>NOW</u>					
				MOTHER					MOTHER					
				1	2	3	4	5	1	2	3	4	5	
		NO . . . (SKIP TO 11A)	1											
		DRINKING	2	1	2	3	4	5	1	2	3	4	5	
		DRUGS	3											
		BOTH	4											
		CAN'T DISTINGUISH	5	1	2	3	4	5	1	2	3	4	5	

B.	How many times have you seen your (M/F/O) unhappy or crying?		<u>MOTHER</u>		<u>FATHER</u>		<u>OTHER</u>
	1 TIME	1		1		1	
	2 TIMES	2		2		2	
	3-5 TIMES	3		3		3	
	6-10 TIMES	4		4		4	
	11+ TIMES	5		5		5	

SARAH	11A.	Sometimes when people drink (or take drugs), they don't make any fuss--they just sit quietly drinking (or taking drugs) until they fall asleep. Has this ever happened with your (M/F/O)?												
				<u>EVER</u>					<u>NOW</u>					
				MOTHER					MOTHER					
				1	2	3	4	5	1	2	3	4	5	
		NO . . . (SKIP TO 12)	1											
		DRINKING	2	1	2	3	4	5	1	2	3	4	5	
		DRUGS	3											
		BOTH	4											
		CAN'T DISTINGUISH	5	1	2	3	4	5	1	2	3	4	5	

B.	How often did that happen to your (M/F/O)?		<u>MOTHER</u>		<u>FATHER</u>		<u>OTHER</u>
	EVERY DAY OR NEARLY EVERY DAY	1		1		1	
	ONCE OR TWICE A WEEK	2		2		2	
	ONCE OR TWICE A MONTH	3		3		3	
	LESS THAN ONCE OR TWICE A MONTH	4		4		4	

SARAH	12.	Has your (M/F/O) ever spent so much time drinking (or taking drugs) that s/he didn't have time to be with you or look after you?												
				<u>EVER</u>					<u>NOW</u>					
				MOTHER					MOTHER					
				1	2	3	4	5	1	2	3	4	5	
		NO	1											
		DRINKING	2	1	2	3	4	5	1	2	3	4	5	
		DRUGS	3											
		BOTH	4											
		CAN'T DISTINGUISH	5	1	2	3	4	5	1	2	3	4	5	

SARAH 13A. Has your (M/F/O) ever given you extra jobs at home, because of (M/F/O)'s drinking (or taking drugs)?

		<u>EVER</u> MOTHER					<u>NOW</u> MOTHER				
		1	2	3	4	5	1	2	3	4	5
NO (SKIP TO 14)	1										
DRINKING	2	1	2	3	4	5	1	2	3	4	5
DRUGS	3										
BOTH	4										
CAN'T DISTINGUISH	5	1	2	3	4	5	1	2	3	4	5

B. May I have some examples of what these extra jobs are?

SARAH 14. When your (M/F/O) has been drinking (or taking drugs), did you ever try to stay out of his/her way by going to another part of the house?

		<u>EVER</u> MOTHER					<u>NOW</u> MOTHER				
		1	2	3	4	5	1	2	3	4	5
NO	1										
DRINKING	2	1	2	3	4	5	1	2	3	4	5
DRUGS	3										
BOTH	4										
CAN'T DISTINGUISH	5	1	2	3	4	5	1	2	3	4	5

SARAH 15A. Have you ever left the house because of your (M/F/O)'s drinking (or taking drugs)?

		<u>EVER</u> MOTHER					<u>NOW</u> MOTHER				
		1	2	3	4	5	1	2	3	4	5
NO (SKIP TO 16)	1										
DRINKING	2	1	2	3	4	5	1	2	3	4	5
DRUGS	3										
BOTH	4										
CAN'T DISTINGUISH	5	1	2	3	4	5	1	2	3	4	5

B. Where did you go?

FOR EDITOR'S USE ONLY

H E = 1

NON H E = 5

(**PROBE** FOR FRIENDS, RELATIVES, PLACES WHERE KIDS HANG OUT, LIKE ARCADES, FAST FOOD PLACES, MALLS, OTHER PLACES.)

1. What did you do at (PLACE)?

C. How many times has this happened?

		<u>MOTHER</u>	<u>FATHER</u>	<u>OTHER</u>
1 TIME	1	1	1	1
2 TIMES	2	2	2	2
3-5 TIMES	3	3	3	3
6-10 TIMES	4	4	4	4
11+ TIMES	5	5	5	5

SARAH	16.	Have you ever worried about your (M/F/O)'s drinking (or taking drugs) when you are away from home, like when you are in school or visiting a friend?	<u>EVER</u> MOTHER					<u>NOW</u> MOTHER				
			1	2	3	4	5	1	2	3	4	5
			FATHER					FATHER				
			1	2	3	4	5	1	2	3	4	5
			OTHER					OTHER				
			1	2	3	4	5	1	2	3	4	5
SARAH	17.	Have you ever gotten upset and nervous when you thought your (M/F/O) was going to start drinking (or taking drugs) or perhaps, come home drunk (or on drugs)?	<u>EVER</u> MOTHER					<u>NOW</u> MOTHER				
			1	2	3	4	5	1	2	3	4	5
			FATHER					FATHER				
			1	2	3	4	5	1	2	3	4	5
			OTHER					OTHER				
			1	2	3	4	5	1	2	3	4	5
SARAH	18.	When your (M/F/O) has been drinking (or taking drugs), have you ever asked him/her to stop?	<u>EVER</u> MOTHER					<u>NOW</u> MOTHER				
			1	2	3	4	5	1	2	3	4	5
			FATHER					FATHER				
			1	2	3	4	5	1	2	3	4	5
			OTHER					OTHER				
			1	2	3	4	5	1	2	3	4	5
SARAH	19.	Have you ever told your (M/F/O) that s/he has been drinking too much (or that s/he should not be taking drugs)?	<u>EVER</u> MOTHER					<u>EVER</u> MOTHER				
			1	2	3	4	5	1	2	3	4	5
			FATHER					FATHER				
			1	2	3	4	5	1	2	3	4	5
			OTHER					OTHER				
			1	2	3	4	5	1	2	3	4	5
SARAH	20.	Have you ever tried to be nicer than usual, extra good, hoping that this might stop your (M/F/O) from drinking (or taking drugs)?	<u>EVER</u> MOTHER					<u>NOW</u> MOTHER				
			1	2	3	4	5	1	2	3	4	5
			FATHER					FATHER				
			1	2	3	4	5	1	2	3	4	5
			OTHER					OTHER				
			1	2	3	4	5	1	2	3	4	5

RECORD TIME ENDED AND CONTINUE WITH SUBJECT COMMENTS.

TIME ENDED: ____ : ____
(USE 24-HOUR CLOCK)

SUBJECT COMMENTS

I've asked you a lot of questions about your feelings, experiences, and behavior. Of course, people are not all the same, and maybe there is something that is important to you that I have missed. Is there anything else that you think I should know?

RECORD VERBATIM: _____

Is there anything you would like to say about this interview?

RECORD VERBATIM: _____

TIME ENDED: ____ : ____
(USE 24-HOUR CLOCK)

INTERVIEWER OBSERVATIONS

1B, 1D, 1E, 3 and 7 N/A for phone interview

1. General appearance

A. Does s/he act his/her age?

YES	1
WOULD MISTAKE HIM/HER FOR YOUNGER CHILD . .	2
WOULD MISTAKE HIM/HER FOR AN OLDER CHILD .	3

B. Is s/he appropriately and cleanly dressed?

YES	1
DIRTY AND UNKEMPT, TORN/RAGGED	2
INAPPROPRIATE	
SPECIFY: _____ . .	3
ODD, BIZARRE	4
OTHER: _____ . .	5

C. General air, pervasive attitude is:

OPEN AND FRIENDLY	1
SHY BUT COMMUNICATES	2
HOSTILE AND SUSPICIOUS	3
EXCESSIVELY SHY, WITHDRAWN,	
ANXIOUS OR SCARED	4
BLASE, OVERCONFIDENT	5
OTHER: _____ . .	6

D. State of nutrition:

AVERAGE, LOOKS WELL-FED	1
UNDERNOURISHED AND/OR EXTREMELY THIN . . .	2
OVERWEIGHT OR OBESE	3
THIN, BELOW AVERAGE, BUT NOT	
UNDERNOURISHED	4
CHUBBY, BUT APPEARS NORMAL FOR AGE	5

E. Facial expression (pattern during interview):

NATURAL AND UNREMARKABLE	1
EXPRESSIONLESS, NO VARIATION	
WITH THOUGHT CONTENT	2
ANXIOUS AND WORRIED	3
SAD, TEARFUL OR CRYING, DEPRESSED	4
HOSTILE, ANGRY (FROWNS, POUTS)	5
HIDES FACE FROM VIEW (AVOIDS EYE CONTACT) .	6
FLUCTUATED MARKEDLY DURING INTERVIEW . .	7
OTHER: _____ . .	8

2. **Affect**

SHOWS FEELINGS APPROPRIATE TO CONTENT
 OF THOUGHT AND SITUATION 1
 INAPPROPRIATELY SAD, ELATED, SILLY
 OR HOSTILE 2
 UNUSUALLY FLAT, DISTANT, COLD 3
 OTHER: _____ . . 4

3. **Motor Behavior**

SITS OR STANDS WITH NORMAL AMOUNT
 OF MOVEMENT 1
 OVERACTIVE, FIDGETY 2
 REPETITIVE, STEREOTYPED MOVEMENTS 3
 BIZARRE, PURPOSELESS OR UNUSUAL
 MOVEMENTS, NOT NECESSARILY REPETITIVE . 4
 SITS OR STANDS STIFF, RIGID, TENSE 5
 TICS 6
 OTHER: _____ . . 7

4. **Speech**

A. General description:

NORMAL, INTELLIGIBLE, APPROPRIATE AMOUNT . 1
 EXCESSIVE AMOUNT, CONSTANT 2
 REDUCED AMOUNT, ANSWERS QUESTIONS
 WITH AS FEW WORDS AS POSSIBLE 3
 OTHER: _____ . . 4

B. Pattern:

REGULAR, SMOOTH, EVEN 1
 POOR ARTICULATION (LISPING, SLURRING,
 "BABY TALK", DIFFICULTY WITH
 CONSONANTS, ETC.) 2
 STUTTERING, STAMMERING 3
 INTERMITTENT, UNUSUAL SOUNDS,
 EXPLETIVES, GRUNTS, BARKS, ETC. 4
 OTHER: _____ . . 5

5. **Attention**

NORMALLY ATTENTIVE FOR AGE 1
 INATTENTIVE, EASILY DISTRACTED 2
 OTHER: _____ . . 3

6. Flow of thought

RELEVANT, COHERENT, NORMAL	1
THOUGHTS SEEM TO RACE CAUSING PUSH OF SPEECH	2
THINKING PROCESS IS SLOW WITH SLOW RESPONSES	3
PERSEVERATION (REPEATS WORDS OR PHRASES) .	4
CIRCUMSTANTIAL AND/OR IRRELEVANT	5
DIFFICULT TO FOLLOW	6
DOESN'T MAKE SENSE	7
MORE THAN ONE ABOVE (CIRCLE)	8

7. Substance Use

NO SUBSTANCE USE APPARENT	1
SUSPICIOUS OF SOME SUBSTANCE USE	2
SUSPICIOUS OF INTOXICATION	3
INTOXICATED BUT ABLE TO FUNCTION	4

8. General response to interview

NO SPECIAL PROBLEMS, COOPERATIVE, ADEQUATE EFFORT	1
SHOWED PERSISTENT, EXCESS ANXIETY RELATED TO INTERVIEW OR OVER-CONCERN ABOUT "RIGHT ANSWERS"	2
EXCESS USE OF FANTASY	3
GAVE UP EASILY, DID NOT TRY	4
UNCOOPERATIVE	5
HAD TO BE COAXED CONTINUALLY	6
TIRED EASILY, WANTED TO STOP, BUT KEPT ON WITH ENCOURAGEMENT	7
MADE NO EFFORT TO THINK ABOUT ANSWERS . . .	8
QUIT AND REFUSED TO GO ON	9

RATE ACCURACY OF RATINGS THROUGHOUT C-SSAGA:

NO DIFFICULTY	1
SOME PROBLEMS, BUT MOST RATINGS REASONABLY ACCURATE	2
MAJOR DIFFICULTY IN CONDUCTING EXAM	3
IMPOSSIBLE TO RATE WITH ANY CONFIDENCE	4

INTERVIEWER NARRATIVE
