Definitions and questions

INTERVIEW #

INTERVIEWER

FIRST DAY OF PRIMARY PERIOD

TIME AT BEGINNING OF INTERVIEW

TIME AT END OF INTERVIEW

Codes

CAA3X01
PVIEWER

CAP0X01
PINTLOC

/ / 

CAQ1D01

: :
Child and Adolescent Psychiatric Assessment

Definitions and questions

**QUALITY OF INTERVIEW**

Code your subjective impression as to the quality of the information collected during the interview. The subject may have refused to provide adequate descriptions of symptoms or been deliberately misleading on occasion.

0 = Adequate

2 = The interview is inadequate, in relation to the specified area, only in certain parts of the interview. Note the section where data is probably inadequate.

3 = The whole interview is inadequate.

**Quality of interview**
- Adequacy of Interview
- Misleading Answers or Lies
- Did Not Answer Many Questions Verbally
- Guarded Informant
- Refused to Continue
- Impaired Consciousness
- Intoxicated with Alcohol or Drugs
- Unsuitable Interview Environment

**Interviewer Comments**
________________________________
________________________________
________________________________
________________________________

**Codes**

CQA9X01
CQA9X02
CQA9X03
CQA9X04
CQA9X05
CQA9X06
CQA9X07
CQA9X08
## Definitions and questions

<table>
<thead>
<tr>
<th>SUBJECT</th>
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<tbody>
<tr>
<td><strong>GENDER</strong></td>
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<tr>
<td>M=Male</td>
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<tr>
<td>F=Female</td>
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<tr>
<td><strong>DATE OF BIRTH</strong></td>
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<tr>
<td><strong>ETHNIC ORIGIN</strong></td>
</tr>
<tr>
<td>1=African American</td>
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<tr>
<td>2=American Indian or Alaskan Native</td>
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<tr>
<td>3=Asian or Pacific Islander</td>
</tr>
<tr>
<td>4=Hispanic</td>
</tr>
<tr>
<td>5=Other</td>
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<tr>
<td>6=White (European or Middle Eastern)</td>
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<tr>
<td><strong>BIRTH WEIGHT (pounds/ounces)</strong></td>
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<tr>
<td><strong>GESTATIONAL AGE (Weeks)</strong></td>
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<tr>
<td><strong>CURRENT WEIGHT</strong></td>
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<td><strong>CURRENT HEIGHT</strong></td>
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<tr>
<td><strong>LANGUAGE SPOKEN AT HOME</strong></td>
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<tr>
<td>1=English</td>
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<tr>
<td>2=Spanish</td>
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<tr>
<td>3=Other</td>
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<tr>
<td><strong>AGE AT ADOPTION (Years and Months)</strong></td>
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<table>
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<tr>
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<td>CAA1O01</td>
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<td>DOB</td>
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<td>CEE4X01</td>
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<td>CEE4D01</td>
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<tr>
<td>CAP7I01</td>
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<tr>
<td>CAP9X01</td>
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</tbody>
</table>
### Definitions and questions

#### PARENTAL FIGURES

#### BIOLOGICAL PARENTS MARITAL STATUS
1=Married  
2=Widowed  
3=Separated  
4=Divorced  
5=Cohabited >6 months  
6=Cohabited <6 months  
7=Never cohabited

#### YEARS BIOLOGICAL PARENTS LIVED TOGETHER

#### PARENT #1: Name___________________________
1=Biological parent  
2=Adoptive parent  
3=Step parent  
4=Live-in partner of one parent (>6 months)  
5=Live-in partner of one parent (<6 months)  
6=Grandparent  
7=Other relative  
10=Foster parent  
11=Unrelated adult serving as parent  
12=Deceased biological parent  
13=Deceased non-biological parent

#### Gender
M=Male  
F=Female

#### AGE

#### EDUCATION
1=0-8 years completed  
2=Some high school  
3=GED or high school equivalency  
4=High school degree  
5=Post-high school training (vocational, technical, job training)  
6=Some college (0-2 years)  
7=2 year associate degree  
8=Some college (2-4 years)  
9=4 year college degree  
10=Some graduate or professional school training  
11=Completed graduate or professional degree

---

**Codes**

- CAB2X01
- CAB3F01
- CAB5X01
- CAB5X02
- CAB5X03
- CSA0X01
Child and Adolescent Psychiatric Assessment

Definitions and questions

### Parental Employment and Occupation

**Parent #1**

**Current Employment Status**
1= Employed full-time
2= Employed full-time and part-time
3= Employed part-time (1 or more jobs)
4= Not employed outside of the home
5= Student
6= Retired
7= Disabled
8= Unemployed

**Type of Employment (Current or most recent)**
1= Employee of private business
2= Government employee
3= Self-employed
4= Working without pay

**Occupation (Current or most recent)**
Enter code from Census Index of Occupations

**Industry (Current or most recent)**
Enter code from Census Index of Occupations

**Date Last Employed**
Code if not employed at the time of the interview
PARENTAL FIGURES

PARENT #2: Name____________________________
1= Biological parent
2= Adoptive parent
3= Step parent
4= Live-in partner of one parent (>6 months)
5= Live-in partner of one parent (<6 months)
6= Grandparent
7= Other relative
10= Foster parent
11= Unrelated adult serving as parent
12= Deceased biological parent
13= Deceased non-biological parent

Gender
M= Male
F= Female

AGE

EDUCATION
1= 0-8 years completed
2= Some high school
3= GED or high school equivalency
4= High school degree
5= Post high-school training (vocational, technical, job training)
6= Some college (0-2 years)
7= 2 year associate degree
8= Some college (2-4 years)
9= 4 year college degree
10= Some graduate or professional school training
11= Completed graduate or professional degree
## Parental Employment and Occupation

### Parent #2

#### Current Employment Status
1 = Employed full-time  
2 = Employed full-time and part-time  
3 = Employed part-time (1 or more jobs)  
4 = Not employed outside of the home  
5 = Student  
6 = Retired  
7 = Disabled  
8 = Unemployed

#### Type of Employment (Current or most recent)
1 = Employee of private business  
2 = Government employee  
3 = Self-employed  
4 = Working without pay

#### Occupation (Current or most recent)
Enter code from Census Index of Occupations

#### Industry (Current or most recent)
Enter code from Census Index of Occupations

#### Date Last Employed
Code if not employed at the time of the interview
OTHER PARENT #1: Name___________________________
1=Biological parent
2=Adoptive parent
3=Step parent
4=Live-in partner of one parent (> 6 months)
5=Live-in partner of one parent (< 6 months)
6=Grandparent
7=Other relative
10=Foster parent
11=Unrelated adult serving as parent
12=Deceased biological parent
13=Deceased non-biological parent

Gender
M=Male
F=Female

AGE

EDUCATION
1=0-8 years completed
2=Some high school
3=GED or high school equivalency
4=High school degree
5=Post-high-school training (vocational, technical, job training)
6=Some college (0-2 years)
7=2 year associate degree
8=Some college (2-4 years)
9=4 year college degree
10=Some graduate or professional school training
11=Completed graduate or professional degree
## Parental Employment and Occupation

### Other Parent #1

#### Current Employment Status
1 = Employed full-time  
2 = Employed full-time and part-time  
3 = Employed part-time (1 or more jobs)  
4 = Not employed outside of the home  
5 = Student  
6 = Retired  
7 = Disabled  
8 = Unemployed

#### Type of Employment (Current or most recent)
1 = Employee of private business  
2 = Government employee  
3 = Self-employed  
4 = Working without pay

#### Occupation (Current or most recent)
Enter code from Census Index of Occupations

#### Industry (Current or most recent)
Enter code from Census Index of Occupations

#### Date Last Employed
Code if not employed at the time of the interview

<table>
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<th>Definition</th>
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</table>
### PARENTAL FIGURES

**OTHER PARENT #2: Name ____________________________**

1. Biological parent
2. Adoptive parent
3. Step parent
4. Live-in partner of one parent (> 6 months)
5. Live-in partner of one parent (<6 months)
6. Grandparent
7. Other relative
8. Foster parent
9. Unrelated adult serving as parent
10. Deceased biological parent
11. Deceased non-biological parent

**Gender**
- M = Male
- F = Female

**AGE**

**EDUCATION**
- 1 = 0-8 years completed
- 2 = Some high school
- 3 = GED or high school equivalency
- 4 = High school degree
- 5 = Post high-school training (vocational, technical, job training)
- 6 = Some college (0-2 years)
- 7 = 2 year associate degree
- 8 = Some college (2-4 years)
- 9 = 4 year college degree
- 10 = Some graduate or professional school training
- 11 = Completed graduate or professional degree
Parental Employment and Occupation

Other Parent #2

Current Employment Status
1 = Employed full-time
2 = Employed full-time and part-time
3 = Employed part-time (1 or more jobs)
4 = Not employed outside of the home
5 = Student
6 = Retired
7 = Disabled
8 = Unemployed

Type of Employment (Current or most recent)
1 = Employee of private business
2 = Government employee
3 = Self-employed
4 = Working without pay

Occupation (Current or most recent)
Enter code from Census Index of Occupations

Industry (Current or most recent)
Enter code from Census Index of Occupations

Date Last Employed
Code if not employed at the time of the interview

Codes

CSA7X01
CSA7X02
CSA7X03
CSA7X04
CSA8001
**SIBLINGS**

**Siblings**
1. Full Sib
2. Half Sib
3. Step Sib
4. Adopted Sib
5. Unrelated Child
6. Other related child (e.g. cousin, aunt)
7. Biological parent living in the home but non-functional in the parental role

**Sex of Sibling**
M = Male
F = Female

**Age**

**Sibling Living In the Home**
0. Live at home at least 1 month
2. Live away from home

1. ______________________________

2. ______________________________

3. ______________________________

**Codes**

CAA6X01
CAA6X02
CAA6X03
CAA6X04
CAA6X05
CAA6X06
CAA6X07
CAA6X08
CAA6X09
CAA6X10
CAA6X11
CAA6X12
## SIBLINGS

**Siblings**
1. Full Sib
2. Half Sib
3. Step Sib
4. Adopted Sib
5. Unrelated Child
6. Other related child (e.g. cousin, aunt)
7. Biological parent living in the home but non-functional in the parental role

**Sex of Sibling**
- M = Male
- F = Female

**Age**

**Sibling Living In the Home**
0. Live at home at least 1 month
2. Live away from home
### Siblings

**Siblings**
1= Full Sib  
2= Half Sib  
3= Step Sib  
4= Adopted Sib  
5= Unrelated Child  
6= Other related child (e.g. cousin, aunt)  
7= Biological parent living in the home but non-functional in the parental role

**Sex of Sibling**
M= Male  
F= Female

**Age**

**Sibling Living In the Home**
0= Live at home at least 1 month  
2= Live away from home

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</table>
Definitions and questions

**MULTIPLE BIRTH**

**IDENTICAL/NON-IDENTICAL**
1 = Identical
2 = Non-identical (fraternal)
3 = Other multiple

**BIRTH ORDER IN MULTIPLE BIRTH**
1 = First born
2 = Second born
3 = Third born

<table>
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<tr>
<td>CAA7X02 Triplet</td>
</tr>
<tr>
<td>CAA7X03 Birth Order</td>
</tr>
<tr>
<td>CAA7X04 Other Multiple</td>
</tr>
</tbody>
</table>
OTHERS IN HOUSE

Status
1=Biological parent
2=Adoptive parent
3=Step parent
4=Live-in partner of one parent (>6 months)
5=Live-in partner of one parent (<6 months)
6=Grandparent
7=Other relative
8=Paying boarder
9=Other
10=Foster Parent

List respondent first

1. _________________________
2. _________________________
3. _________________________
4. _________________________
5. _________________________
6. _________________________
7. _________________________
8. _________________________
9. _________________________
10. _________________________

Codes
CAA8X01
CAA8X02
CAA8X03
CAA8X04
CAA8X05
CAA8X06
CAA8X07
CAA8X08
CAA8X09
CAA8X10
PRESENTING PROBLEMS

The initial section of the interview is designed to set the subject at ease, to obtain "scene-setting" information, and to allow the subject to express his/her concerns. The interviewer should follow the subject's leads and should avoid premature intrusive cross-questioning.

WHETHER DIFFICULTIES (CHILD'S PERCEPTION)

How come you're here at the clinic?

Do you know why you're going to the clinic?

Who's idea was it that you go to the clinic?

WHETHER DIFFICULTIES (PARENT'S PERCEPTION)

0 = None
1 = Yes, but not more than most children
2 = Yes, but vague or indefinite specification
3 = Yes, definite

TYPE OF PROBLEM (CHILD'S PERCEPTION)

Do you think you've got any difficulties or problems for which you need help or advice?

What are they?

MAKE A BRIEF LIST OF DIFFICULTIES/PROBLEMS

TYPE OF PROBLEM (PARENT'S PERCEPTION)

0 = No
2 = Emotional Problems
3 = Conduct Problems
4 = Drug/Alcohol Problems
5 = Overactivity/inattention Problems
6 = School Non-Attendance
7 = Learning Problem
8 = Family Relationships Problem
9 = Other
FAMILY SECTION
FAMILY STRUCTURE AND FUNCTION

This section has five major functions;

(1) ESTABLISHING RAPPORT BETWEEN THE INTERVIEWER AND THE INTERVIEWEE. The better the rapport between the interviewer and the interviewee, the better the material collected by the interview is likely to be. Good rapport also makes the interview much more pleasant for both parties and improves the flow of information. The interviewer should appear friendly, alert, and interested, but without being too obviously intrusive. The interviewee should be allowed to talk, and not over-energetically harried with questions. As far as possible the child's interests and activities should be positively connoted, and a non-censorious attitude to his/her limitations and attitudes should be adopted. Attention should be paid to the maintenance of rapport throughout the interview, but the early stages are especially important in setting the tone for the rest of the session.

(2) ESTABLISHING THE STYLE OF THE INTERVIEW. At the start of the interview, the interviewee does not know what to expect of it, or what sort of information s/he is being asked to provide. The early stages of the interview are therefore important in providing an opportunity for the interviewee to learn what is required.

(3) COLLECTING INFORMATION ABOUT FAMILY STRUCTURE, LIFE AND RELATIONSHIPS. This section represents an extension of the original family life and relationship section for use when more detailed information is required. A number of ratings are made of dimensions of family function and dysfunction that have been found to be related to child psychopathology in many studies. Many of these items are modified versions of material contained in the Child Life Events and Long-term Environment Adversity (CLELEA) interview, developed at the Institute of Psychiatry by Seija Sandberg and Micheal Rutter.

(4) FINDING ENTRIES TO OTHER SECTIONS OF THE INTERVIEW. This section is likely to throw up indications of areas of pathology, which may then be followed up.
(5) COLLECTING INFORMATION RELEVANT TO THE INCAPACITY RATINGS. Many of the questions in these sections are directly relevant to the ratings of Incapacity. It is important, right from the start of the interview, that the interviewer should be thinking about disturbance at the level both of symptoms and incapacity.

**ORGANIZATION OF THE SECTION**

The section is organized into 4 sub-areas:

1. **Family structure**
2. **Family life and relationships**
3. **Relationships with parents**
4. **Relationships with siblings**
FAMILY STRUCTURE

SIBLINGS

In this context, "siblings" include all children (or adults 18 or older) of the parents or parent substitutes who are responsible for the child, whether they are related by blood or not, and are listed in order of age (oldest first). Therefore, half-siblings and other children by previous marriages who may not be biologically related to the index child are included, as are "adoptive siblings" (which can mean that either the sibling or the child is adopted). This item includes siblings who either live or do not live at home with the index child. At this stage in the interview, the focus is on forming a picture of the current home environment of the child, with some understanding of the complications of the wider family group.

For each sibling, note name, relationship to child, sex, age, and whether the sibling has been in the home for one month of the primary period.

Newborns need not have lived in the home one month to be recorded as living in the home.

For siblings less than 1 year old, mark 0 for age.

A half sibling is one who shares one common parent with the child. For example, a mother who remarries and has another child with her new husband; the half-siblings would both have the same mother.

A step sibling, is related to the child by marriage only, and shares no biological parent with the child.

MULTIPLE BIRTH

Note whether the target child is the product of a multiple birth. Code whether the parent believes the child to be an identical or non identical twin (or triplet, etc.). The child’s position in that birth is then coded. A first born twin is coded as 1, even if s/he has older siblings.
### Definitions and questions

- **Make a note of the evidence for identical/non identical status.**

- **Code the details of the birth order here only if the child is the result of a multiple birth.**

### OTHERS IN THE HOUSE

Note here the name and status of any adult (other than adult siblings) who has lived in the house for at least 1 month during the previous three months.

Some families have very complicated patterns of relationships, and some children may have lived in various places during the three month primary period. The basis for these codings should be the site where the child has lived for the greatest proportion of the primary period, provided that there was at least one parental figure (that is, one who assumed some responsibility for attempting to control the behavior and discipline of the child) in the household during that time.

If the child has not lived at home for at least 1 month during the primary period, complete the Family Section on the last one-month period that s/he did live at home. If two different family placements of at least one month’s duration have occurred during the primary period, the codings are made for the longest lasting of these. If there have been two placements of equal duration, the more recent is the basis for coding.

If there are more than ten others in the house, omit those who are the least closely related to the child. If further discrimination is required, omit those who have been there for the least time.

### AGE AT ADOPTION

Enter the age (in years and months) at which the child was adopted by the current family, or the age at which a child is legally adopted by a step-parent.

### FOSTER CARE
If child has ever been in foster care, code the number of foster homes and the earliest date of placement.

If child is currently in foster care, code the date of placement in that home.

BIOLOGICAL PARENTS’ MARITAL STATUS

This item refers to the biological parents’ latest marital status. Thus, if a couple lived together for a year, were then married for 5 years before being divorced, they would be coded 4 (Divorced).

If biological parents have a common law marriage (i.e. have cohabited for a period that the state determines is common law marriage) then code marital status as cohabited > 6 months.

Biological parents who prefer to live apart or are legally separated are coded as separated.

Note that this item refers only to the biological parents, and so does not necessarily refer to those who now “parent” the child.

NUMBER OF YEARS BIOLOGICAL PARENTS LIVED TOGETHER

The number of years that the biological parents lived together, regardless of marital status. Include the years that the child’s biological parents lived together unwed, or the time biological parents lived together before getting married.

PARENTAL FIGURES

The term Parent refers to any adult who has lived in the child’s home for at least 1 month, who assumes some responsibility for attempting to control the behavior and discipline of the child. Thus, a parent’s live-in partner is regarded as a parent if s/he is involved in any way in providing discipline or care for the child.
For the entire Family Functioning Section, Parent #1 and Parent #2 refer to parental figures in the home who have lived with the child for at least 1 month in the 3 months being used in the family section. These are coded here as parental figures in the home.

Other Parent #1 and Other Parent #2 refer to parents who no longer live in the home. These may include biological parents, adoptive parents, step parents, or other “parents” who have had an impact on the child’s upbringing. These are coded here as parental figures living elsewhere.

This section clarifies who are coded throughout the interview as Parent #1, Parent #2, Other Parent #1, and Other Parent #2. #1 and #2 are used in order to allow coding of atypical combinations of parents (two of the same sex as in having had two previous step-fathers, gay or lesbian parental relationships, or people who are not married as in mother and grandfather).

For the entire Family Functioning Section the mother and father refer to parental figures in the home, except as noted below. Information on who lives in the family home is coded separately under Others in Family Home. The relationship between the “parents” in the home is coded separately under Parental Relationships. The Marital Status of the Biological Parents is coded separately as well.

Examples of Codings of Parental Figures:

CHILD IN HOME WITH BOTH BIOLOGICAL PARENTS

If the child lives with both biological parents, code them throughout the section as Parent #1 and Parent #2.

If the biological parents have separated or divorced within the primary period and the parent now living elsewhere was in the family home for at least 1 month, code the biological parents as Parent #1 and Parent #2.
CHILD IN HOME WITH ONE BIOLOGICAL PARENT: If the child lives with one biological parent and a new partner who serves as a parent, and the other biological parent lives elsewhere, code the parent and the new partner as Parent #1 and Parent #2 respectively. Code the other biological parent living elsewhere as Other Parent #1.

If the child lives with one biological parent who does not have a new partner who serves as parent, code that parent at Parent #1, and the absent biological parent as Other Parent #1. As the child may have had very little contact with the biological parent living elsewhere, some of the questions may not be applicable and should be coded 'structurally missing'.

If the biological parents are separated or divorced and share custody of the child exactly 50/50. The mother counts as Parent #1 and her home is the home used for the section. If the mother is unavailable to interview, and the father is available, the father is coded as Parent #1 with his home being used for the home section, and the mother becomes other Parent #1.

CHILD IN HOME WITH NO BIOLOGICAL PARENT: If the child lives with adoptive/foster/step parents, both of whom are involved in parenting the child, code them as Parent #1 and Parent #2. If the child has any knowledge of or contact with the biological parents, code them as Other Parent #1 and Other Parent #2.

If only one adoptive/foster/step parent is in the home, with no current partner who parents, code him/her as Parent #1. Code the absent biological parents as Other Parents #1 and #2. If Parent #1’s previous partner (who is not biological parent) served as a parent and is still involved in the child's life, you may choose to code him/her as an Other Parent, instead of a biological parent with whom the child has no contact.

If the child lives with another adult (e.g., grandmother, aunt, non-related person) who has a partner who serves as a parent, code them as Parent #1 and Parent #2. Code the absent biological parents as Other Parents #1 and #2.
If the child lives with another adult (e.g. grandmother, aunt, non-related person) who has no partner, code that adult as Parent #1. Code the absent biological parents as Other Parent #1 and #2.

Code aunts/grandparent/adult siblings as parents ONLY if they are acting as parent, instead of the mother or father. For instance, if the child lives with his/her biological mother and grandmother, but the latter does not act as a parent, as defined above, the grandmother would not count as Parent #2.

CHILD WITH DECEASED PARENT(S): If the child's parent(s) died during the primary period, code the parent as deceased. However, because the parent(s) was alive for at least part of the primary period, code information relevant to the child's relationship with that parent wherever possible throughout the Family Section.

If the child's parent(s) died prior to the primary period, code as deceased and complete the following items on the deceased parent: ethnic origin/race of biological parent, parental psychological problems, parental substance abuse problems, and parental arrests and prosecutions. For the age of deceased parents, code the age at time of death.
ETHNIC ORIGIN/RACE

This refers to the ethnic origin of each biological parent and the child. These categories have been established by the Federal Government for all Federal Grants.

AI= American Indian or Alaskan Native. A person having origins in any of the original peoples of North America, and who maintains a cultural identification through tribal affiliation or community recognition.

AS= Asian or Pacific Islander. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area included China, India, Japan, Korea, the Philippine Island and Samoa.

BL= African-American/Black African. A person having origins in any of the black racial groups of Africa.

HI= Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

WH= White (European or Middle Eastern). A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

OT= Other. A person of a previously unspecified origin or a person insisting of a cultural indentification of mixed origins.

ETHNIC ORIGIN/RACE: BIOLOGICAL MOTHER

NOTE: RACE ALWAYS PRESENT.

Is your biological mother Spanish, Hispanic, or Latino?
**Definitions and questions**

*What race is your biological mother, the mother who gave birth to you? You can choose more than one race.*

- *Is she American Indian or Alaskan Native?*
- *Is she Asian?*
- *African-American or Black African?*
- *White, that is, of European, Middle Eastern, or North African origin?*
- *Native Hawaiian or other Pacific Islander?*
- *Some other race that I have not mentioned?*

**ETHNIC ORIGIN/RACE: BIOLOGICAL MOTHER**

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<th>Codes</th>
<th>CUB3X02</th>
<th>CUB3X03</th>
<th>CUB3X04</th>
<th>CUB3X05</th>
<th>CUB3X06</th>
<th>CUB3X07</th>
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<tr>
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<td>3</td>
<td>Native Hawaiian or Other Pacific Islander</td>
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<tr>
<td>6</td>
<td>Some Other Race</td>
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</tbody>
</table>

**ETHNIC ORIGIN/RACE: BIOLOGICAL FATHER**

**NOTE: RACE ALWAYS PRESENT.**

*Is your biological father Spanish, Hispanic, or Latino?*

**ETHNIC ORIGIN/RACE**

<table>
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<th>Codes</th>
<th>CUB4I01</th>
<th>CUB4X01</th>
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<td>2 = Present</td>
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**SPANISH, HISPANIC, OR LATINO: BIOLOGICAL FATHER**

0 = Absent
2 = Present
What race is your biological father of you? You can choose more than one.

Is he American Indian or Alaskan Native?

Is he Asian?

African-American or Black African?

White, that is, of European, Middle Eastern, or North African origin?

Native Hawaiian or other Pacific Islander?

Is he some other race that I have not mentioned?

ETHNIC ORIGIN/RACE: BIOLOGICAL FATHER

1 = American Indian or Alaska Native
2 = Asian
3 = Native Hawaiian or Other Pacific Islander
4 = Black or African American
5 = White
6 = Some Other Race

ETHNIC ORIGIN/RACE: CHILD

NOTE: RACE ALWAYS PRESENT.

Are you Spanish, Hispanic, or Latino?

SPANISH, HISPANIC, OR LATINO: CHILD

0 = Absent
2 = Present
Ellen what race are you. You can choose more than one.

Are you American Indian or Alaskan Native?

Or Asian?

African-American or Black American?

White, that is, of European, Middle Eastern, or North African origin?

Native Hawaiian or other Pacific Islander?

Some other race that I have not mentioned?

ADOPTION

Were you ever adopted?

What age were you when you were adopted?

Coding rules

ETHNIC ORIGIN/RACE: CHILD

1 = American Indian or Alaska Native

2 = Asian

3 = Native Hawaiian or Other Pacific Islander

4 = Black or African American

5 = White

6 = Some Other Race

ADOPTION

0 = No

2 = Yes

MONTHS

Intensity

CAA9X01

Duration

CAA9X99
FOSTER CARE

Have you ever been in foster care?
How long have you been in this foster home?
How many foster homes have you been in?
When did you first go into a foster home?
How long have you been with your current foster parent(s)?
What is the total amount of time spent in all foster care?

FOSTER CARE
0 = No
2 = Yes

NUMBER OF FOSTER HOMES

DATE OF FOSTER PLACEMENT

DATE OF CURRENT FOSTER PLACEMENT

YEARS

LIVING AT HOME
0 = Absent
2 = Present

MARITAL RELATIONSHIP

A Marital Relationship is either a legal marriage or any continuing relationship that has lasted at least six months. In both cases, the relationship must have been ongoing during the last 3 months, with the partners living together in the same home for at least one month of that period.

N.B. Include homosexual partnerships if they fulfill the above criteria.

In the absence of a Marital Relationship, complete the ratings for an Exclusive Partnership, if appropriate.
**RELATIONSHIP BETWEEN PARENT 1 AND OTHER(S)**

**EXCLUSIVE PARTNERSHIP**
Any exclusive relationship that has been ongoing for at least 3 months and has continued for some period during the preceding 3 months; and that has involved the partner in visiting the child's home for at least 10 hours per week.

**DATING**
A relationship that fulfills the criteria for an Exclusive Partnership, except that it does not meet the 10 hr. time criterion.

**FAMILY LIFE AND RELATIONSHIPS**
GET A GENERAL PICTURE OF LIFE IN THE HOME, FOLLOWING ANY LEADS PROVIDED BY THE SUBJECT IN GIVING INFORMATION ON THE HOUSEHOLD.

REMEMBER THIS INFORMATION MAY BE IMPORTANT FOR INCAPACITY RATINGS; AVOID A PATHOLOGY FOCUS AT THIS STAGE, BUT ENSURE THAT THE AREAS IMPLICIT IN THE QUESTIONS BELOW ARE COVERED SYSTEMATICALLY.

IF NOT LIVING AT HOME, CODE THE SECTION FOR PERIOD OF AT LEAST ONE MONTH WHEN LIVING AT HOME.

NOW I WANT TO ASK YOU SOME QUESTIONS ABOUT HOW YOU GET ALONG WITH YOUR FAMILY.

*How do you usually spend the weekends?*
*Who do you do that with?*
*What sort of things do you do with your Mom and Dad?*
*With both of them, or just one?*
*What do you like doing best?*
*Who do you get on best with in the family?*
*Do you go out as a family at all?*
*What sort of things do you do together?*
*What do you generally do when you get home from school?*
*Do you have any homework?*
*Or do you do any reading?*
*Do your parents help you at all with that?*
*Who do you find is the most help?*
*How much do you play/do things with "siblings"?*
*How do you get on together?*
*How much do you squabble?*
*Or get in fights?*
*Do your parents get fed up with anything you do?*
**Definitions and questions**

*If child did not live in home at least 4 weeks in last 3 months, code beginning date of last 4 weeks when was living in home.*

**Coding rules**

**SECONDARY PERIOD: BEGINNING DATE OF LAST MONTH LIVING AT HOME**

<table>
<thead>
<tr>
<th>Code</th>
<th>Reason</th>
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<tbody>
<tr>
<td>CAC3O01</td>
<td>/ /</td>
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</tbody>
</table>

**REASON(S) NOT LIVING AT HOME 4 WEEKS**

1 = Time spent away from home and parental figures while attending special program or camp, traveling, vacationing, visiting relatives or friends.

2 = In hospital.

3 = In treatment facility(ies)

4 = Living with other parent.

5 = Foster care

6 = Other

Specify

**Codes**

- CAC3X01
- CAC3X02
- CAC3X03
RELATIONSHIPS WITH AND BETWEEN PARENTS

There are two basic dimensions of relationships with parents: a qualitative aspect, that is the quality of the relationship during that time; and a quantitative aspect, that is, time actually spent involved with parents.

ACTIVITIES WITH PARENT #1
Activities with parental involvement are coded here.

What sort of things do you do with "Parent #1"?

Do you go out together?
What about shopping?
Do they help you with homework?
Or with your hobbies?
Do you go fishing/hunting etc. with them?
Do you have meals together?
Or watch T.V. together?
Do you all go out together as a family?
Do you enjoy it?

Does s/he drive you to outside activities?

Does s/he enjoy having you around?

Do you enjoy doing things with him/her?

Is that all the time or...
Why not?
What happens?
Can you tell me about the last time something like that happened?

ACTIVITIES WITH PARENT #2
Activities with parental involvement are coded here.

What about "Parent #2"?

Do you enjoy doing things with him/her?
CHILD-PARENT COMMUNICATION

Frequency of conversations between child and each parent, regardless of who initiates the conversations, and regardless of whether the child enjoys the conversation. An exchange must last at least 5 minutes to be regarded as a conversation.

Differentiate from Arguments and Criticism. A conversation is a verbal exchange that does not involve shouting, or aggressive exchanges, and is not explicitly focused on disciplinary matters or criticism.

Do you have conversations with your parents?

Who do you talk to most?

What sort of things do you talk about?
Do you enjoy the conversations?
Does your parent enjoy them?
What about your "Other Parent"?

How often do you talk to "Parent #1"?
How long do conversations last?

How often do you talk to "Parent #2"?
How long do conversations last?

PARENT USES CHILD AS CONFIDANT(E)

The parent talks over his/her own problems with child, or looks to the child for emotional support. For instance, expecting comfort from the child when upset.

Do they talk to you about their own problems?

Who does that most?
How often
What do you do?
Does s/he have anyone else to talk to about them?
What about your "Other Parent"?

PARENT USES CHILD AS CONFIDANT(E) CAC6X01

0 = Absent
2 = Present

CHILD USED AS CONFIDANT(E) CAC6I01

0 = Child not used as confidant(e)
2 = Child is sometimes used as confidant(e), but not the only person who fulfills role
3 = Child is the parent's only confidant(e)

CHILD USED AS PARENT'S CONFIDANT(E) CAC6I02

0 = Absent
2 = Child sometimes used as confidant(e), but not the only person who fulfills this role.
3 = Child is the parent's only confidant(e).
TIME SPENT WITH PARENTS
Include time spent with parents in any activity in which both child and parent(s) are actively involved (e.g. hobbies, games, time spent driving child to outside activities).

IF NOT ALREADY DONE, GO THROUGH TYPICAL SCHOOL DAY AND WEEKEND DAY TO DETERMINE HOW MUCH TIME SPENT.

How much time do you spend with your parent(s)?

INTERVIEWER: Determine how much time spent before school, driving places, dinner, after dinner, homework, tv, etc.

How much time do you spend with "Parent #1"

How much time do you spend with "Parent #2"?

HOURS

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HOURS

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</tr>
</thead>
<tbody>
<tr>
<td>CAC7X01</td>
<td>Intensity</td>
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FOR REVIEW ONLY
INADEQUATE SUPERVISION BY PARENT #1

Parent fails to provide sufficient supervision, as shown by frequent lack of knowledge of the child's whereabouts, activities, or company; and/or fails to maintain effective control/ or disciplinary strategies; and/or is not concerned, or does not attempt to intervene, when the chid's behavior is deviant, or likely to lead him/her into trouble.

If parents have given up trying to maintain discipline, Code as 3.

Do you do any chores?
What do you do?
Do you do a good job?
Do you help around the "house" in any other way?
Is it easy for "Parent #1" to get you to do what s/he wants?
What happens when you don't want to do what s/he says?

Have there been times in the last three months when you didn't do what was asked?
What does "Parent #1" do about it?
Does it bother him/her?
Does it lead to arguments?
Does s/he ever just give up?
What happens then?
How often had that heppend in the last three months?
Does "Parent #1" always know where you are when you are not at home?

Does "Parent #1" expect you to let them know where you are?

Over the last three months, how often have you been out without "Parent #1" knowing where you were?

Coding rules

INADEQUATE SUPERVISION BY PARENT
0 = Appropriate supervision/control for age and circumstances.
2 = Whereabouts of child not known at least once per week; or parent unable to exercise effective control at least once per week.
3 = Whereabouts of child unknown at least 5 times per week; or parent usually (>50% of the time) unable to exercise effective control.

Codes

PAC8101
Intensity

FOR REVIEW ONLY

FOR REVIEW ONLY
INADEQUATE SUPERVISION BY PARENT #2
Parent fails to provide sufficient supervision, as shown by frequent lack of knowledge of the child's whereabouts, activities, or company; and/or fails to maintain effective control/ or disciplinary strategies; and/or is not concerned, or does not attempt to intervene, when the child's behavior is deviant, or likely to lead him/her into trouble.

If parents have given up trying to maintain discipline, Code as 3.

What about with parent #2?

OVERINVOLVEMENT BY PARENT #1
Parent is unusually intrusive into, and controlling of, the child's life, to a degree that involves infantilization of the child. For instance, by excessive checking of the child's activities, preventing age-appropriate independent behavior or decision-making (such as selecting friends or clothes).

Do you think Parent #1 gives you enough independence?

Does you still need help choosing clothes?

Does you want Parent #1 to help?

What about washing your hair?

Can Parent #1 trust you to get clean at bath time?

Does Parent #1 let you go out alone?

Can you ride your bicycle or walk to places you want to go?

Does Parent #1 exercise control over who your friends are?

How much does Parent #1 like you to make decisions on your own?

Does Parent #1 ever go through your belongings?

Or look in your closets?

Are there things you would like to be able to do that Parent #1 won't let you do?

INADEQUATE SUPERVISION BY PARENT

0 = Appropriate supervision/control for age and circumstances.

2 = Whereabouts of child not known at least once per week; or parent unable to exercise effective control at least once per week.

3 = Whereabouts of child unknown at least 5 times per week; or parent usually (>50% of the time) unable to exercise effective control.

OVERINVOLVEMENT BY PARENT

0 = Appropriate level of involvement for the child's age and situation

2 = Definite infantilization (e.g. dressing of washing child above age where this is normal); and prevention of age-appropriate behavior or decision-making

3 = As 2, but reaching extreme proportions.
OVERINVOLVEMENT BY PARENT #2
Parent is unusually intrusive into, and controlling of, the child's life, to a degree that involves infantilization of the child. For instance, by excessive checking of the child's activities, preventing age-appropriate independent behavior or decision-making (such as selecting friends or clothes).

What about Parent #2?

HARSH DISCIPLINE BY PARENT #1
One or both parents uses a harsh, restrictive or physical disciplinary style, leading to punishments that are more severe than would usually be thought appropriate.

How often do they punish you altogether?
Do you feel that they love you?
What do they do to discipline you?
Do they have to punish you often?
Tell me about the last time they had to punish you.
Was that fairly typical of what happens?
How often do you get grounded for doing something wrong?
What other sorts of punishment do you get?
Does your father/mother ever hit you?
How often?
What happens then?
Are you frightened of your mom or dad?

HARSH DISCIPLINE BY PARENT #2
One or both parents uses a harsh, restrictive or physical disciplinary style, leading to punishments that are more severe than would usually be thought appropriate.

What about your "parent #2"?
### Definitions and questions

**NUMBER OF ARGUMENTS WITH PARENT #1**

An argument is defined as a disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights.

**Does you have arguments with parent #1?**

Tell me about the last time.
How long do these arguments last?
How many arguments have you had with parent #1 in the last three months?
Did the arguments ever get physical?
What happened?
Have you "hit" your "parent #1" over the last three months?

### Coding rules

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<tr>
<th><strong>NUMBER OF ARGUMENTS</strong></th>
<th><strong>Codes</strong></th>
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<tbody>
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<td>0 = Absent</td>
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<th><strong>ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD</strong></th>
<th><strong>Codes</strong></th>
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</thead>
<tbody>
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</table>
NUMBER OF ARGUMENTS WITH PARENT #2
An argument is defined as a disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights.

Do you have arguments with parent #2?
Tell me about the last time.
How long do these arguments last?
How many arguments have you had with parent #2 over the last three months?
Did the arguments ever get physical?
What happened?
Has you "hit" your "parent #2" over the last three months?

IF THERE IS MORE THAN ONE CHILD IN THE HOME COMPLETE "SELECTIVE NEGATIVE VIEW". OTHERWISE, SKIP TO "OTHER PARENTING - OTHER PARENT #1", (PAGE 26).
SELECTIVE NEGATIVE VIEW BY PARENT #1
The target child is regarded more negatively by his/her parents than the other child(ren) in the home. Just because one child has more problems, it doesn't mean that s/he will be the subject of a selective negative view. To be rated here, the child must actually receive different treatment from the other child(ren) for equivalent misdemeanors.

Do you have siblings in the home?

Do you think your parents treat you the same as your brother(s) and sister(s)?

Do you think they treat you unfairly?
Has it always been like that?
In what ways do they treat you differently?
Can you give me an example?
When things go wrong, is it usually your fault?

Do your parents have any difficulties with your "brothers and sisters"?

What sort of problems do you have?

SELECTIVE NEGATIVE VIEW BY PARENT #2
The target child is regarded more negatively by his/her parents than the other child(ren) in the home. Just because one child has more problems, it doesn't mean that s/he will be the subject of a selective negative view. To be rated here, the child must actually receive different treatment from the other child(ren) for equivalent misdemeanors.

Does your "parent 2" feel the same way?
When things go wrong, is it usually your fault?

Does your "parent 2" have difficulties with the other children?

What sort of problems?

IF CHILD HAS "OTHER PARENT #1" AND/OR "OTHER PARENT #2", COMPLETE "OTHER PARENTING". OTHERWISE, SKIP TO "RELATIONSHIPS WITH SIBLINGS", (PAGE 52).
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
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</table>
OTHER PARENTING - OTHER PARENT #1

Code here any relationship that the child has with Other Parent #1 who no longer lives in the home.

CODE QUALITY OF RELATIONSHIPS EVEN IF NO CONTACT IN THE LAST 3 MONTHS.

**Child has "Other Parent #1."**

Do you see or have any contact with your "other parent?"
Do you want to?

**How do you get along with your "other parent"?**

Are there any problems?
What sort of problems?
Do you like visiting "other parent"?
What types of things do you do with him/her?
Do you enjoy that?
Would you rather not see him/her?

**Coding rules**

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<th>Child has &quot;other parent #1&quot;</th>
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<tbody>
<tr>
<td>0 = Absent</td>
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<td>2 = Present</td>
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**Other Parent #1: Number of Visits**

<table>
<thead>
<tr>
<th>Other Parent #1: Duration of Visits</th>
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</thead>
<tbody>
<tr>
<td>0 = &gt;1 week</td>
</tr>
<tr>
<td>1 = 1 day - 1 week</td>
</tr>
<tr>
<td>2 = &lt; 1 day</td>
</tr>
<tr>
<td>3 = &lt; 5 hours</td>
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**Other Parent #1: Quality of Relationship**

<table>
<thead>
<tr>
<th>Other Parent #1: Quality of Relationship</th>
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<tbody>
<tr>
<td>0 = No evidence of relationship problems with absent parent.</td>
</tr>
<tr>
<td>1 = No relationship and child grieves or is angry over this.</td>
</tr>
<tr>
<td>2 = Relationship has negative aspects (e.g. child argues with absent parent, or resents that parent's new partner).</td>
</tr>
<tr>
<td>3 = Relationship with absent parent almost completely negative (e.g. child very unhappy until visit ends, or persistently difficult during visits to or from absent parent).</td>
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</tbody>
</table>
OTHER PARENTING - OTHER PARENT #2

Code here any relationship that the child has with Other Parent #2 who no longer lives in the home.

CODE QUALITY OF RELATIONSHIPS EVEN IF NO CONTACT IN THE LAST 3 MONTHS.

Child has "Other Parent #2."

Do you see or have any contact with your "other parent?" Do you want to?

How do you get along with your "other parent"?
Are there any problems?
What sort of problems?
Do you like visiting your "other parent"?
What sort of things do you do together?
Do you enjoy that?
Would you rather not see him/her?

Coding rules

CHILD HAS "OTHER PARENT #2"
0 = Absent
2 = Present

OTHER PARENT #2: NUMBER OF VISITS

DURATION OF VISITS: OTHER PARENT #2
0 = >1 week
1 = 1 day- 1 week
2 = < 1 day
3 = < 5 hours

NUMBER OF PHONE CALLS/LETTERS TO OR FROM OTHER PARENT #2 IN LAST 3 MONTHS

OTHER PARENT #2: QUALITY OF RELATIONSHIP
0 = No evidence of relationship problems with absent parent.
1 = No relationship and child grieves or is angry over this.
2 = Relationship has negative aspects (e.g. child argues with absent parent, or resents that parent's new partner).
3 = Relationship with absent parent almost completely negative (e.g. child very unhappy until visit ends, or persistently difficult during visits to or from absent parent).
**NUMBER OF ARGUMENTS WITH OTHER PARENT #1**

An argument is defined as a disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights.

*Do you have arguments with "other parent #1"?*

Tell me about the last time.
How long do these arguments last?
How many arguments have you had with him/her in the last three months?
Did the arguments ever get physical?
What happened?
Have you "hit" your "other parent #1" over the last three months?
**NUMBER OF ARGUMENTS WITH OTHER PARENT #2**

*Do you have arguments with "other parent #2"?*

Tell me about the last time.
How long do these arguments last?
How many arguments have you had with "other parent #2" in the last three months?
Did the arguments ever get physical?
What happened?
*Have you "hit" your "other parent #2" over the last three months?*

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<td>Frequency</td>
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ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD

0 = No
2 = Yes

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD - FREQUENCY

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD - ONSET

OTHER PHYSICAL VIOLENCE BY CHILD (WITHOUT ARGUMENTS)

0 = No
2 = Yes

OTHER PHYSICAL VIOLENCE BY CHILD (WITHOUT ARGUMENTS) - FREQUENCY

OTHER PHYSICAL VIOLENCE BY CHILD (WITHOUT ARGUMENTS) - ONSET

/ /
Definitions and questions

PARENTAL ARGUMENTS
Arguments are disagreements between parents in the home, lasting at least 5 minutes, that result in a dispute involving raised voices, shouting, verbal abuse, physical aggression, or fights. Only one parent need to be involved in shouting, etc.

Nearly all couples argue sometimes. How often do your parents argue with each other?

What are the arguments like?
Can you tell me about the last time?
How long do they last?
How often do they happen?

INTER-PARENTAL PHYSICAL VIOLENCE (PARENTAL ARGUMENTS)
Any form of physical aggression from either partner.

Do they ever hit each other?
Have they in the last three months hit each other?

IF "PARENTAL ARGUMENTS" AND "INTER-PARENTAL PHYSICAL VIOLENCE" ABSENT, SKIP TO "RELATIONSHIP BETWEEN OTHER PARENT #1 AND ONE OF CHILD’S CURRENT PARENTS", (PAGE 32).
INvolvement of child in arguments or violence (parental arguments)

The child is involved in arguments, whether directly taking part, or used by one or both parents as an ally in the argument. For instance, a parent may attempt to persuade, or demand, that the child join in condemnation of his/her partner.

Do you get involved in these "arguments" or "fights" at all?

In what way?
Do either of them try to get you on their side?
What do you do?
What happens then?
Do you get upset when they "argue" or "fight"?

What happens then?
Do they do anything to keep you out of their arguments?

What do you do?

Coding rules

INvolvement of child in arguments/violence

0 = Child is not involved in arguments.
2 = Child is upset by arguments/violence at least sometimes, as manifested by protesting about them to parents, or becoming withdrawn.
3 = Child is actively involved in argument/violence by one or both parents.

Codes

CAF2I01
Intensity
PARENTAL RELATIONSHIP(S) WITH PARENTS OUTSIDE THE HOME

RELATIONSHIP BETWEEN OTHER PARENT #1 AND ONE OF CHILD’S CURRENT PARENTS

The relationship between one of the child’s current parents (either Parent #1 or #2) and Other Parent #1.

Do "your parents" have any contact with "Other Parent #1?"

How do they get on?
How much contact has there been in the last 3 months?

ARGUMENTS BETWEEN PARENT AND OTHER PARENT

Arguments are disagreements lasting at least 5 minutes, which result in a dispute involving raised voices, shouting, verbal abuse, physical aggression, or fights. Only one parent need be involved in shouting, etc.

Do they argue with each other?

What are the arguments like?
Can you tell me about the last time?

CHILD’S CURRENT PARENT

CAF3X01
Intensity

1 = Parent #1.
2 = Parent #2.

NUMBER OF CONTACTS: NUMBER OF CALLS, VISITS, LETTERS, ETC IN LAST 3 MONTHS BETWEEN “CURRENT PARENT” AND “OTHER PARENT #1”

CAF4F01

QUALITY OF RELATIONSHIP BETWEEN CURRENT PARENT AND OTHER PARENT #1

CAF5I01

0 = No evidence of relationship problems.
2 = Relationship has some negative aspects.
3 = Relationship almost completely negative.

ARGUMENTS BETWEEN CURRENT PARENT AND OTHER PARENT #1

CAF6I01
Intensity

ARGUMENTS BETWEEN CURRENT PARENT AND OTHER PARENT #1

CAF6I01
Intensity

ARGUMENTS BETWEEN CURRENT PARENT AND OTHER PARENT #1

CAF6I01
Intensity

ONSET: ARGUMENTS BETWEEN PARENT AND OTHER PARENT

CAF6O01

/ /
INTER-PARENTAL PHYSICAL VIOLENCE
Any form of physical Aggression from either parent.

Have they ever hit each other?
What about in the last 3 months?

IF "ARGUMENTS BETWEEN PARENT AND OTHER PARENT #1" AND "PHYSICAL VIOLENCE BETWEEN CURRENT PARENT AND OTHER PARENT #1" ABSENT, SKIP TO "RELATIONSHIP BETWEEN OTHER PARENT #2 AND ONE OF CHILD'S CURRENT PARENTS", (PAGE 35).
### Definitions and questions

**INVOLVEMENT OF CHILD IN ARGUMENTS OR VIOLENCE**

*Do you get involved in these “arguments” or “fights” at all?*

*In what way?*

*Do either of them try to get you on their side?*

*What do you do?*

*What happens then?*

*Do you get upset when they “argue” or “fight”?

*What happens then?*

---

### IF CHILD HAS OTHER PARENT #2 LIVING OUTSIDE OF THE HOME, COMPLETE SECTION. OTHERWISE, SKIP TO "PARENTAL PSYCHOLOGICAL PROBLEMS-DISRUPTION OF LIFE ROLE", (PAGE 38).

---

### Coding rules

**INVOLVEMENT OF CHILD IN ARGUMENT/VIOLENCE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Child is not involved in arguments.</td>
</tr>
<tr>
<td>2</td>
<td>Child is upset by arguments/violence at least sometimes, as manifested by protesting about them to parents, or becoming withdrawn.</td>
</tr>
<tr>
<td>3</td>
<td>Child is actively involved in argument/violence by one or both parents.</td>
</tr>
</tbody>
</table>

**CAF8I01 Intensity**
**RELATIONSHIP BETWEEN OTHER PARENT #2 AND ONE OF CHILD’S CURRENT PARENTS**

The relationship between one of the child’s current parents (either Parent #1 or #2) and Other Parent #2.

**Do “your parent” have any contact with “Other Parent #2”?**

**How do they get along?**

How much contact has there been in the last 3 months?

**ARGUMENTS BETWEEN PARENT AND OTHER PARENT #2**

Arguments are disagreements lasting at least 5 minutes, which result in a dispute involving raised voices, shouting, verbal abuse, physical aggression, or fights. Only one parent need be involved in shouting, etc.

**Do they argue with each other?**

What are the arguments like? Can you tell me about the last time?

---

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHILD’S CURRENT PARENT</strong></td>
<td>CAF9X01</td>
</tr>
<tr>
<td>1 = Parent #1.</td>
<td>Intensity</td>
</tr>
<tr>
<td>2 = Parent #2.</td>
<td></td>
</tr>
<tr>
<td><strong>QUALITY OF RELATIONSHIP BETWEEN CURRENT PARENT AND OTHER PARENT #2</strong></td>
<td>CAG1I01</td>
</tr>
<tr>
<td>0 = No evidence of relationship problems.</td>
<td></td>
</tr>
<tr>
<td>2 = Relationship has some negative aspects.</td>
<td></td>
</tr>
<tr>
<td>3 = Relationship almost completely negative.</td>
<td></td>
</tr>
</tbody>
</table>

| **ARGUMENTS BETWEEN CURRENT PARENT AND OTHER PARENT #2** | CAG2I01 |
| 0 = Absent | Intensity |
| 2 = Present | |

| **ONSET: ARGUMENTS BETWEEN PARENT AND OTHER PARENT #2** | CAG2O01 |
| / / | |

---

**Family Section** 35
Definitions and questions

INTER-PARENTAL PHYSICAL VIOLENCE (OTHER PARENT #2)
Any form of physical aggression from either parent.

Have they ever hit each other?
What about in the last 3 months?

Coding rules

PHYSICAL VIOLENCE BETWEEN CURRENT PARENT AND OTHER PARENT #2

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
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</tbody>
</table>

PARENTAL VIOLENCE BETWEEN CURRENT PARENT AND OTHER PARENT #2 IN LAST 3 MONTHS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
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</tbody>
</table>

ONSET: INTER-PARENTAL PHYSICAL VIOLENCE (OTHER PARENT #2)

Ever:CAG3E01
Intensity

Ever:CAG3I01
Intensity

Ever:CAG3F01
Frequency

Ever:CAG3O01

IF "ARGUMENTS BETWEEN PARENT AND OTHER PARENT #2" AND "PHYSICAL VIOLENCE BETWEEN PARENT AND OTHER PARENT #2" ABSENT, SKIP TO "PARENTAL PSYCHOLOGICAL PROBLEMS-DISRUPTION OF LIFE ROLE", (PAGE 38).
### Definitions and questions

**INVOLVEMENT OF CHILD IN ARGUMENTS OR VIOLENCE (OTHER PARENT #2)**

*Do you get involved in these "arguments" or "fights" at all?*

*In what way?*

*Do either of them try to get you on his/her side?*

*What do they do?*

*Do you get upset when they "argue" or "fight"?*

*What happens then?*

*Do they try to keep you out of the arguments?*

*What do they do?*

### Coding rules

**INVOLVEMENT OF CHILD IN ARGUMENTS/VIOLENCE**

- **0** = Child is not involved in arguments.
- **2** = Child is upset by arguments/violence at least sometimes, as manifested by protesting about them to parents, or becoming withdrawn.
- **3** = Child is actively involved in argument/violence by one or both parents.

### Codes

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<th>Intensity</th>
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<tbody>
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<td></td>
<td></td>
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</tbody>
</table>
Definitions and questions

PARENTAL PSYCHOPATHOLOGY

_Psychological, nervous, or psychiatric problems, which have either caused a parent to seek treatment, or led to family or social disruption or impaired performance in a major life role (e.g. inability to care adequately for children, loss of job, etc.)._

PARENTAL PSYCHOLOGICAL PROBLEMS-DISRUPTION OF LIFE ROLE

_Psychological, nervous, or psychiatric problems, which have either caused a parent to seek treatment, or led to family or social disruption or impaired performance in a major life role (e.g. inability to care adequately for children, loss of job, etc.)._

**Does your parent have any "emotional" or "nervous" problems like "depression" or "nerves"?**

_Has your parent ever had any problem which has affected their ability to work or their ability to look after you (or other children)?_

PARENTAL PSYCHOLOGICAL PROBLEMS-SOUGHT TREATMENT

_Has your parent ever had any treatment for any "emotional," "nervous," or "depression" problems?_

**Who from?**

**What sort of treatment?**

PARENTAL PSYCHOLOGICAL PROBLEMS-RECEIVED MEDICATION

_Has your parent ever received medication for any "emotional," "nervous," or "depression" problems?_

**What sort of medication?**

PARENTAL PSYCHOLOGICAL PROBLEMS-HOSPITALIZED FOR MENTAL HEALTH PROBLEM

_Has your parent ever been hospitalized for mental health problems?_
IF CHILD HAS OTHER PARENT LIVING IN HOME CONTINUE, OTHERWISE, SKIP TO "PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #1- DISRUPTION OF LIFE ROLE", (PAGE 41).
**Definitions and questions**

**PARENTAL PSYCHOLOGICAL PROBLEMS BY PARENT #2- DISRUPTION OF LIFE ROLE**

*Has your "parent" ever had any problems which have affected his/her ability to work or his/her ability to look after you or other children?*

**Coding rules**

<table>
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<tr>
<th>DISRUPTION OF LIFE ROLE</th>
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<tbody>
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<td>Intensity</td>
</tr>
<tr>
<td>2 = Present</td>
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</tbody>
</table>

**PARENTAL PSYCHOLOGICAL PROBLEMS BY PARENT #2- SOUGHT TREATMENT**

*Has your "parent" ever sought treatment from a mental health profession?*

<table>
<thead>
<tr>
<th>SOUGHT TREATMENT FROM MENTAL HEALTH PROFESSIONAL</th>
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</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>Intensity</td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>

**PARENTAL PSYCHOLOGICAL PROBLEMS BY PARENT #2- RECEIVED MEDICATION**

*Has your "parent" ever received medication for any "emotional," "nervous," or "depression" problems?*

<table>
<thead>
<tr>
<th>RECEIVED MEDICATION</th>
<th>Ever:CAH1E01</th>
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<td>0 = Absent</td>
<td>Intensity</td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
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</tbody>
</table>

**PARENTAL PSYCHOLOGICAL PROBLEMS BY PARENT #2- HOSPITALIZED FOR MENTAL HEALTH PROBLEMS**

*Has your "parent" ever been hospitalized for mental health problems?*

<table>
<thead>
<tr>
<th>HOSPITALIZED FOR MENTAL HEALTH PROBLEM</th>
<th>Ever:CAH2E01</th>
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<tbody>
<tr>
<td>0 = Absent</td>
<td>Intensity</td>
</tr>
<tr>
<td>2 = Present</td>
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</table>

**IF CHILD DOES NOT HAVE OTHER PARENT(S) LIVING OUTSIDE OF HOME, SKIP TO "PARENTAL SUBSTANCE USE PROBLEMS-PROBLEMS RELATED TO ALCOHOL", (PAGE 43).**
PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #1 - DISRUPTION OF LIFE ROLE

What about your "Other Parent(s)"?

Does s/he have any "emotional" or "nervous" problems like "depression" or "nerves"?

Has s/he ever?

Have they affected "parent's" life much?
How about work?
Or his/her ability to adequately look after you?

PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #1 - SOUGHT TREATMENT

Has s/he ever sought treatment from a mental health professional?

Who from?

What sort of treatment?

PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #1 - RECEIVED MEDICATION

Has s/he ever received medication for any "emotional," "nervous," or "depression" problems?

PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #1 - HOSPITALIZED FOR MENTAL HEALTH PROBLEMS

Has s/he ever been hospitalized for mental health problems?

PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #2 - DISRUPTION OF LIFE ROLE

Has s/he ever had any problems which affected his/her ability to work or look after you or other children?

Coding rules

<table>
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<th>DISRUPTION OF LIFE ROLE - OTHER PARENT #1</th>
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<td>0 = Absent</td>
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</tr>
<tr>
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<table>
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<table>
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<th>RECEIVED MEDICATION-OP1</th>
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<tbody>
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<td>0 = Absent</td>
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<table>
<thead>
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</thead>
<tbody>
<tr>
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<tr>
<td>2 = Present</td>
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<table>
<thead>
<tr>
<th>DISRUPTION OF LIFE ROLE</th>
<th>Ever:CAH7E01</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>
PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #2- SOUGHT TREATMENT

Has s/he ever sought treatment from a mental health professional?

Who from?

What sort of treatment?

PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #2- RECEIVED MEDICATION

Has s/he ever received medication for any "emotional," "nervous," or "depression" problems?

PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #2- HOSPITALIZED FOR MENTAL HEALTH PROBLEM

Has s/he ever been hospitalized for mental health problems?

Sought Treatment from Mental Health Professional (OP2)

0 = Absent
2 = Present

Received Medication (OP2)

0 = Absent
2 = Present

Hospitalized for Mental Health Problems

0 = Absent
2 = Present
Definitions and questions

PARENTAL SUBSTANCE USE PROBLEMS-
PROBLEMS RELATED TO ALCOHOL

A level of alcohol or drug use that has caused a parent to seek treatment, led to family or social disruption, or impaired performance in a major life role (e.g. inability to care adequately for children, loss of job, loss of driver's license, etc.).

Tell me about how much your parents drink?

Do they use any drugs?

Have they ever had a problem with drinking?

How much do they drink?
How often do they drink?
Does that lead to any problems?
What sort of problems?
Does it cause arguments?
Do you ever get violent?
What happens?
Has drinking alcohol caused any problems outside the home?
What sort of problem?
Have they ever been arrested for DWI?

Have they ever had a problem with drug use?

What do you use?
How much?
Has that caused him/her any problems?

Has s/he ever had a problem with drinking?

How much do they drink?
How often do they drink?
Does that lead to any problems?
What sort of problems?
Does it cause arguments?
Does s/he ever get violent?
What happens?
Has drinking alcohol caused any problems outside the home?
What sort of problems?
Has s/he ever been arrested for DWI?
Has s/he ever had a problem with drug use?

What do you use?
How much?
Has that caused him/her any problems?
What sort of problems?

Coded

CURRENTLY USES DRUGS/HAS ALCOHOL PROBLEM - PARENT #1

0 = Absent
2 = Present

PROBLEMS RELATED TO ALCOHOL/DRUGS - PARENT #1

0 = Absent
2 = Problem with alcohol.
3 = Problem with drugs.
4 = Problem with both.
Definitions and questions

PARENTAL SUBSTANCE USE PROBLEMS-
SOUGHT TREATMENT FOR ALCOHOL/DRUG
PROBLEM

Has s/he ever had any treatment for his/her drinking?

PARENTAL SUBSTANCE USE PROBLEMS-
HOSPITALIZED FOR ALCOHOL/DRUG
PROBLEM

Has s/he ever been hospitalized for alcohol or drug use?

PARENTAL SUBSTANCE USE PROBLEMS BY
PARENT #2- PROBLEMS RELATED TO
ALCOHOL/DRUGS

Tell me about how much your parents drink.

Does s/he use any drugs?

Has s/he ever had any problems with drinking?

How much does s/he drink?
How often does s/he drink?
Does that lead to any problems?
What sort of problems?
Does it cause arguments?
Does s/he ever get violent?
What happens?
Has drinking alcohol caused any problems outside the
home?
What sort of problems?
Has s/he been arrested for DWI?
Has s/he ever had a problem with drug use?

What does s/he use?
How much?
Has that caused him/her any problems?
What sort of problems?

Coding rules

Sought Treatment for Alcohol/Drug Problem

0 = Absent
2 = Treatment for alcohol.
3 = Treatment for drugs.
4 = Treatment for both.

Hospitalized for Alcohol/Drug Problem

0 = Absent
2 = Hospitalized for alcohol.
3 = Hospitalized for drugs.
4 = Hospitalized for both.

Currently Used Drugs/Has Alcohol Problem (P2)

0 = Absent
2 = Present

Problems Related to Alcohol/Drugs (P2)

0 = Absent
2 = Problem with alcohol.
3 = Problem with drugs.
4 = Problem with both.
Definitions and questions

**PARENTAL SUBSTANCE USE PROBLEMS BY PARENT #2 - SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM**

Has s/he ever had any treatment for his/her drinking?

Or treatment for using drugs?

**PARENTAL SUBSTANCE USE PROBLEMS BY PARENT #2 - HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM**

Has s/he ever been hospitalized for alcohol or drug use?

**PARENTAL SUBSTANCE USE PROBLEMS BY OTHER PARENT #1 - PROBLEMS RELATED TO ALCOHOL/DRUGS**

Tell me about how much your "Other Parent #1" drinks.

Does your "other parent" use any drugs?

Has s/he ever had a problem with drinking?

How much does s/he drink?

How often does s/he drink?

Does that lead to any problems?

What sort of problems?

Does it cause arguments?

Does "parent" ever get violent?

What happens?

Has drinking alcohol caused any problems outside the home?

What sort of problems?

Has s/he been arrested for DWI?

Has s/he ever had a problem with drug use?

What does s/he use?

How much?

Has that caused him/her any problems?

What sort of problems?

---

**Coding rules**

**SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM (P2)**

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<th>Description</th>
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<tr>
<td>2</td>
<td>Treatment for alcohol.</td>
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<tr>
<td>3</td>
<td>Treatment for drugs.</td>
</tr>
<tr>
<td>4</td>
<td>Treatment for both.</td>
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**HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM**

<table>
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</thead>
<tbody>
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</tr>
<tr>
<td>2</td>
<td>Hospitalized for alcohol.</td>
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<tr>
<td>3</td>
<td>Hospitalized for drugs.</td>
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<td>4</td>
<td>Hospitalized for both.</td>
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</table>

**CURRENTLY USES DRUGS/HAS ALCOHOL PROBLEM - OTHER PARENT #1**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
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<td>2</td>
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**PROBLEMS RELATED TO ALCOHOL/DRUGS - OTHER PARENT #1**

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
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</tr>
<tr>
<td>2</td>
<td>Problem with alcohol.</td>
</tr>
<tr>
<td>3</td>
<td>Problem with drugs.</td>
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<td>4</td>
<td>Problem with both.</td>
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</table>

**Codes**

- **Ever**: CAI7E01
- **Intensity**: CAI9I01
- **Problem**: CAJ0E01
Definitions and questions

**PARENTAL SUBSTANCE USE PROBLEMS BY OTHER PARENT #1: SOUGHT TREATMENT FOR ALCOHOL/DRUGS**

*Has “Other Parent” ever had any treatment for his/her drinking?*

*Or treatment for using drugs?*

**PARENTAL SUBSTANCE USE PROBLEMS BY OTHER PARENT #1: HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM**

*Has s/he ever been hospitalized for alcohol or drug use?*

**PARENTAL SUBSTANCE USE PROBLEMS BY OTHER PARENT #2: PROBLEMS RELATED TO ALCOHOL/DRUGS**

*Tell me about how much your "Other Parent #2 drinks.*

*Does "Other Parent" use any drugs?*

---

**Coding rules**

**Sought Treatment for Alcohol/Drug Problem (OP1)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Treatment for alcohol.</td>
</tr>
<tr>
<td>3</td>
<td>Treatment for drugs.</td>
</tr>
<tr>
<td>4</td>
<td>Treatment for both.</td>
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</tbody>
</table>

**Hospitalized for Alcohol/Drug Problem**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Hospitalized for alcohol.</td>
</tr>
<tr>
<td>3</td>
<td>Hospitalized for drugs.</td>
</tr>
<tr>
<td>4</td>
<td>Hospitalized for both.</td>
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**Currently Using Drugs/ Has Alcohol Problem (OP2)**

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<th>Code</th>
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</tr>
</thead>
<tbody>
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<td>Absent</td>
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<tr>
<td>2</td>
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</tbody>
</table>

---

**Codes**

*Ever:CAJ1E01 Intensity*

*Ever:CAJ2E01 Intensity*

*CAJ3I01 Intensity*
Definitions and questions

**Has s/he ever had a problem with drinking?**

- How much does s/he drink?
- How often does s/he drink?
- Does that lead to any problems?
- What sort of problems?
- Does it cause arguments?
- Does s/he ever get violent?
- What happens?
- Has drinking alcohol caused any problems outside the home?
- What sort of problems?
- Has s/he been arrested for DWI?

**Has s/he ever had a problem with drug use?**

- What does s/he use?
- How much?
- Has that caused him/her any problems?
- What sort of problems?

**PARENTAL SUBSTANCE USE PROBLEMS BY OTHER PARENT #2- SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM**

- Has "Other Parent" ever had any treatment for his/her drinking?

- Or treatment for using drugs?

**PARENTAL SUBSTANCE USE PROBLEMS BY OTHER PARENT #2- HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM**

- Has s/he ever been hospitalized for alcohol or drug use?

Coding rules

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<thead>
<tr>
<th>PROBLEM RELATED TO ALCOHOL/DRUGS (OP2)</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Ever:CAJ4E01</td>
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<tr>
<td>2 = Problem with alcohol.</td>
<td>intensity</td>
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<tr>
<td>3 = Problem with drugs.</td>
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<td>4 = Problem with both.</td>
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<td>3 = Treatment for drugs.</td>
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<tr>
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</table>
PARENTAL ADULT ARRESTS AND PROSECUTIONS

Arrest and/or prosecution of parent(s) since age 18.

Have either of your parents ever been arrested?

What happened?
Were charges brought against him/her?
What was the result of the prosecution?

Has Parent #1 been in prison or jail in the last 3 months?

What is the total amount of time spent in prison or jail?

ARRESTED - PARENT #1
0 = Absent
2 = Present

ACTION TAKEN BY POLICE - PARENT #1
0 = Not charged.
2 = Charged

DATE OF FIRST CHARGE - PARENT #1

WORST RESULT OF CHARGE
0 = Not guilty.
2 = Probation and/or community service.
3 = Treatment order.
9 = Fine
10 = Prison/house arrest.

CURRENTLY IN JAIL/PRISON - PARENT #1
0 = Absent
2 = Present

MONTHS
PARENTAL ADULT ARRESTS AND PROSECUTIONS (PARENT #2)

Arrest and/or prosecution of parent(s) since age 18.

**Has parent #2 ever been arrested?**

What happened?

**Were charges brought against him/her?**

What was the result of the prosecution?

When was the first time s/he were arrested?

**Has parent #2 been in prison or jail in the last 3 months?**

What is the total amount of time spent in prison or jail?

---

**ARRESTED - PARENT #2**

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
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<tr>
<td>0</td>
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<tr>
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**ACTION TAKEN BY POLICE - PARENT #2**

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<thead>
<tr>
<th>Value</th>
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<tbody>
<tr>
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**DATE OF FIRST CHARGE - PARENT #2**

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**WORST RESULT OF CHARGE - PARENT #2**

<table>
<thead>
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<th>Value</th>
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<tbody>
<tr>
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<tr>
<td>2</td>
<td>Probation and/or community service.</td>
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<tr>
<td>3</td>
<td>Treatment order.</td>
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<td>9</td>
<td>Fine</td>
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<tr>
<td>10</td>
<td>Prison/house arrest.</td>
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**CURRENTLY IN JAIL/PRISON - PARENT #2**

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<tr>
<th>Value</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
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**MONTHS**

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
</table>

PARENTAL ADULT ARRESTS AND PROSECUTIONS (OTHER PARENT #1)
Arrest and/or prosecution of parent(s) since age 18.

Has your "other parent #1" ever been arrested?
What happened?
Were charges brought against him/her?
What was the result of the prosecution?

Has other parent #1 been in prison or jail in the last 3 months?
What is the total amount of time spent in prison or jail?

ARRESTED - OTHER PARENT #1
0 = Absent
2 = Present

ACTION TAKEN BY POLICE - OTHER PARENT #1
0 = Not charged.
2 = Charged

DATE OF FIRST CHARGE - OTHER PARENT #1

WORST RESULT OF CHARGE - OTHER PARENT #1
0 = Not guilty.
2 = Probation and/or community service.
3 = Treatment order.
9 = Fine
10 = Prison/house arrest.

CURRENTLY IN JAIL/PRISON - OTHER PARENT #1
0 = Absent
2 = Present

MONTHS
Definitions and questions

PARENTAL ADULT ARRESTS AND PROSECUTIONS (OTHER PARENT #2)
Arrest and/or prosecution of parent(s) since age 18.

Has your "other parent #2" ever been arrested?
What happened?
Were charges brought against him/her?
What was the result of the prosecution?

Has other parent #2 been in prison or jail in the last 3 months?

What is the total amount of time spent in prison or jail?

Coding rules

ARRESTED - OTHER PARENT #2
0 = Absent
2 = Present

ACTION TAKEN BY POLICE - OTHER PARENT #2
0 = Not charged.
2 = Charged

DATE OF FIRST CHARGE - OTHER PARENT #2

WORST RESULT OF CHARGE - OTHER PARENT #2
0 = Not guilty.
2 = Probation and/or community service.
3 = Treatment order.
9 = Fine
10 = Prison/house arrest.

CURRENTLY IN JAIL/PRISON - OTHER PARENT #2
0 = Absent
2 = Present

MONTHS
RELATIONSHIPS WITH SIBLINGS

DETERMINE THE QUALITY OF THE CHILD'S RELATIONSHIP WITH EACH SIBLING, REGARDLESS OF PLACE OF RESIDENCE.

Check that siblings are coded in the same order.

Child has siblings.

How do you get along with your "brothers and sisters"?

Are you especially close to any of them?

Who is that? (Note Age and Sex).
In what way are you close?
Do you do things together?
What sort of things?
Can you share secrets or talk about your problems/worries with "sibling"?

What sort of things?
Does "sibling" talk to you about his/her worries?
Are there any of your brothers/sisters that you don't get along with?

Do any of your brothers/sisters pick on you in particular?

Or are there any of your brothers/sisters that you avoid because you don't get along?

Who is that?
What happens?
Do you argue a lot?
Or get into physical fights - I mean real fights?
How often does that happen?
Are there times when you do get along?
How long do you stay angry at each other afterwards?
Is it ever as long as a day?
Would you say you get along most of the time, or that you don't get along?
When did you start not getting along?
Can you remember a time when you did get along?
When did you start to get along badly?
What about the others?

RELATIONSHIPS WITH SIBLING #1

0 = The child has a relationship with the sibling that is characterized by a generally positive tone. Interactions are more likely to be harmonious than conflictual; joint activities are usually pleasurable; and it is uncommon for either to try to avoid the other.

1 = "Neutral" relationship

2 = The child has a relationship with the sibling that is characterized by a generally negative tone. Interactions are more likely to be conflictual than harmonious; joint activities are usually either avoided, or unpleasurable.

RELATIONSHIPS WITH SIBLING #2

0 = The child has a relationship with the sibling that is characterized by a generally positive tone. Interactions are more likely to be harmonious than conflictual; joint activities are usually pleasurable; and it is uncommon for either to try to avoid the other.

1 = "Neutral" relationship

2 = The child has a relationship with the sibling that is characterized by a generally negative tone. Interactions are more likely to be conflictual than harmonious; joint activities are usually either avoided, or unpleasurable.

RELATIONSHIPS WITH SIBLING #3

0 = The child has a relationship with the sibling that is characterized by a generally positive tone. Interactions are more likely to be harmonious than conflictual; joint activities are usually pleasurable; and it is uncommon for either to try to avoid the other.

1 = "Neutral" relationship

2 = The child has a relationship with the sibling that is characterized by a generally negative tone. Interactions are more likely to be conflictual than harmonious; joint activities are usually either avoided, or unpleasurable.

RELATIONSHIPS WITH SIBLING #4

0 = The child has a relationship with the sibling that is characterized by a generally positive tone. Interactions are more likely to
be harmonious than conflictual; joint activities are usually pleasurable; and it is uncommon for either to try to avoid the other.

1 = "Neutral" relationship

2 = The child has a relationship with the sibling that is characterized by a generally negative tone. Interactions are more likely to be conflictual than harmonious; joint activities are usually either avoided, or unpleasurable.

**RELATIONSHIPS WITH SIBLING #5**

0 = The child has a relationship with the sibling that is characterized by a generally positive tone. Interactions are more likely to be harmonious than conflictual; joint activities are usually pleasurable; and it is uncommon for either to try to avoid the other.

1 = "Neutral" relationship

2 = The child has a relationship with the sibling that is characterized by a generally negative tone. Interactions are more likely to be conflictual than harmonious; joint activities are usually either avoided, or unpleasurable.

**RELATIONSHIPS WITH SIBLING #6**

0 = The child has a relationship with the sibling that is characterized by a generally positive tone. Interactions are more likely to be harmonious than conflictual; joint activities are usually pleasurable; and it is uncommon for either to try to avoid the other.

1 = "Neutral" relationship

2 = The child has a relationship with the sibling that is characterized by a generally negative tone. Interactions are more likely to be conflictual than harmonious; joint activities are usually either avoided, or unpleasurable.

**RELATIONSHIPS WITH SIBLING #7**

0 = The child has a relationship with the sibling that is characterized by a generally positive tone. Interactions are more likely to be harmonious than conflictual; joint activities are usually pleasurable; and it is uncommon for either to try to avoid the other.

1 = "Neutral" relationship

2 = The child has a relationship with the sibling that is characterized by a generally negative tone. Interactions are more likely to be conflictual than harmonious; joint activities are usually either avoided, or
unpleasurable.

RELATIONSHIPS WITH SIBLING #8

0 = The child has a relationship with the sibling that is characterized by a generally positive tone. Interactions are more likely to be harmonious than conflictual; joint activities are usually pleasurable; and it is uncommon for either to try to avoid the other.

1 = "Neutral" relationship

2 = The child has a relationship with the sibling that is characterized by a generally negative tone. Interactions are more likely to be conflictual than harmonious; joint activities are usually either avoided, or unpleasurable.

RELATIONSHIPS WITH SIBLING #9

0 = The child has a relationship with the sibling that is characterized by a generally positive tone. Interactions are more likely to be harmonious than conflictual; joint activities are usually pleasurable; and it is uncommon for either to try to avoid the other.

1 = "Neutral" relationship

2 = The child has a relationship with the sibling that is characterized by a generally negative tone. Interactions are more likely to be conflictual than harmonious; joint activities are usually either avoided, or unpleasurable.
OUT OF SCHOOL ACTIVITIES AND PEER RELATIONSHIPS
OUT OF SCHOOL ACTIVITIES AND PEER RELATIONSHIPS

GET A GENERAL PICTURE OF THE CHILD’S ACTIVITIES. GET EXAMPLES OF FEELINGS AND BEHAVIOR. NOTE NAMES. OBTAIN PICTURE OF PATTERN AND FREQUENCY OF PEER CONTACTS, AND DURATION OF FRIENDSHIPS

REMEMBER THIS INFORMATION MAY BE IMPORTANT FOR INCAPACITY RATINGS. DO NOT FOCUS ON PATHOLOGY AT THIS STAGE, BUT ENSURE THAT THE AREAS IMPLICIT IN THE QUESTIONS ARE COVERED SYSTEMATICALLY.

SAFETY OF NEIGHBORHOOD

What kinds of things do you like to do in your spare time?

What do you like doing best out of school?
Do you do that on your own or with others?
Do you enjoy any sport?
What about games like pool?
How much are you interested in music?
Do you play an instrument at all?
Does your family worship together?
What about you?

Do you have a job outside school?
Are you in any clubs (outside school)?
How do you get along with other kids around here?
How do you get along with other kids at school?

Do you ever see friends on the weekends?
What do you tend to do together?
What about in the evenings after school?
Who are your particular friends? How often do you see them outside of school?

Do you feel safe around where you live?

What is it like?

SAFETY OF NEIGHBORHOOD

0 = Subject feels neighborhood is safe.
2 = Subject feels neighborhood is unsafe.
3 = Subject's activities in neighborhood are restricted because of perceived lack of safety.
NUMBER OF ARGUMENTS WITH OTHER ADULTS
An argument is defined as a disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights.

Do you have arguments with other adults whom you see outside of school?

Who do you argue with?
Tell me about the last time.
How long do these argument last?

IF ARGUMENTS WITH ADULTS PRESENT, CONTINUE. OTHERWISE, SKIP TO "AGE APPROPRIATENESS OF FRIENDS", (PAGE 3).
ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD

An argument is defined as a disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights.

How many arguments do you have with other adults over the last three months?
Did the arguments ever get physical?
What happened?

OTHER PHYSICAL VIOLENCE BY CHILD

Have you "hit" an "other adult" over the last three months?

AGE APPROPRIATENESS OF FRIENDS

The degree to which the child’s friends are within two years of his/her own age. Friends, in this context, refer to those with whom the child spends leisure time, and who are not family members.

Are most of your friends about your age?
Are they mostly younger than you?
Or older?

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD

CAL2I01 Intensity
0 = No
2 = Yes
CAL2F01 Frequency
CAL2O01 Onset

OTHER PHYSICAL VIOLENCE BY CHILD

CAL3I01 Intensity
0 = No
2 = Yes
CAL3F01 Frequency
CAL3O01 Onset

AGE APPROPRIATENESS OF FRIENDS

CAL4I01 Intensity
0 = Majority of friends within 2 years of age of child.
2 = Majority of friends 2 or more years older than child.
3 = Majority of friends 2 or more years younger than child.
Definitions and questions

**FREQUENCY OF CONTACT WITH PEERS**
The frequency with which the child meets with others, who are not family members, during his/her leisure time. Peers can be child's friends, acquaintances, or peers in neighborhood.

*Now I want to ask a few questions about your friendships with other children.*

*How often do you play with other children you know, outside of daycare/school?*

*Do you have "play dates" with any friends? Or play with children in your neighborhood?*

**BEST FRIEND**
An intensive, selective, and exclusive or semi-exclusive friendship with another person, in which there is an expectation that the dyad does things together, and in which there is a preferential sharing of confidences. There may be 1 or 2 "best friends" at any one time, but if the friendship involves 3 or more peers this would not ordinarily be included as a "best friend" relationship.

*Do you have a best friend? (NOTE NAME)*

*Does s/he ever come to your house? Or do you go to his/hers? How long has s/he been your best friend? What about your other friends? Is that different from your other friendships? Do you tell "best friend" things you wouldn't tell other people?*

*IF NO "BEST FRIEND" CURRENTLY, ASK:*

*Have you had a best friend in the past?*

---

Codings rules

**FREQUENCY OF CONTACT WITH PEERS**

- **CAL5I01**
  - 0 = Sees at least 1 peer outside of college/work more than once per week.
  - 2 = Sees at least 1 peer outside of college/work between once per week and once every two weeks.
  - 3 = Sees less than 1 peer outside of college/work in 2 weeks.

**BEST FRIEND**

- **CAL6I01**
  - 0 = Definite best friend in last year.
  - 1 = Uncertain (including 3 or more close friendships described as "best").
  - 2 = No best friend in last year.
**CONFIDENT(E) AMONG PEERS**

The presence of a confidante is demonstrated by a personal sharing of intimate feelings with one or more other people in a fashion that is selective to that relationship. The sharing may consist of hopes, worries, personal "secrets," ambitions, problems, fantasies, feelings of love or rejection, etc., but the sharing must be private to the relationship and it must involve some self-disclosure.

Do not include sibling relationships here.

*Do you talk with anyone about your feelings? I mean about your worries or hopes...... or about whom you want to make friends with?*

**CONFIDENT(E) IN FAMILY**

*Do you share "secrets" with anyone? Who is that? Do you have a friend you have talked to about worries or problems?*

**OTHER ADULT CONFIDENT(E)**

*Do you share her thoughts or personal problems with adults outside of the family?*

**NUMBER OF ARGUMENTS WITH PEERS**

An argument is defined as a disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights.

*Do you have arguments with other kids when you is not at school? Who do you argue with? Tell me about the last time. How long do these arguments last? How many arguments have you had with other kids away from school over the last three months?*

---

**CONFIDENT(E) AMONG PEERS OR OTHER ADULTS**

0 = Definite confidant(e) with whom shared feelings in last year.  
1 = Uncertain (including sharing of feelings to wider non-exclusive group).  
2 = No confidant(e).  

**CONFIDENT(E) IN FAMILY**

0 = Definite confidant(e) with whom shared feelings in last year.  
1 = Uncertain (including sharing of feelings to wider non-exclusive group).  
2 = No confidant(e)

**OTHER ADULT CONFIDENT(E)**

0 = Definite confidant(e) with whom shared feelings in last year.  
1 = Uncertain (including sharing of feelings to wider non-exclusive group).  
2 = No confidant(e)

**NUMBER OF ARGUMENTS**

0 = Absent  
2 = Present
**DIFFICULTY MAKING OR KEEPING FRIENDS**

Child has difficulty either forming or maintaining friendships, which is evidence by having no or few friends. The difficulty may be due to failure to approach other children (withdrawl) or aggressive relationships with other children (discord) or both.

Do not include worry or anxiety about friendships unless it leads to difficulty in making or keeping friendships.

**Do you have any difficulty making friends with other children?**

**Do you have any trouble keeping friends?**

**Do you find other children don’t want to play with you or don’t choose you for games**

What happens?
Do you think you are more shy than other boys/girls the same age?
Does that affect your making/keeping friends?
Or do you get into arguments or fights with friends or other children who might become friends?
How do you feel about that?
Does it bother you?
How long have you had difficulty making/keeping friends?
Has it always been like that, or can you remember when it started?

**CONFLICTUAL RELATIONSHIP WITH FRIENDS**

The child has relationships with a friend or friends that include substantial amounts of physical or verbal aggression or arguments. Conflict may or may not cause the child problems in making or keeping friends.

THIS ITEM IS GENERALLY CODABLE BASED ON INFORMATION ALREADY GIVEN.

YOU HAVE TOLD ME THAT YOU DOESN’T HAVE DIFFICULTY MAKING OR KEEPING FRIENDS.

**Do you have a lot of conflict with your friends?**

Does it cause you difficulty in making or keeping friends?
If child does not have difficulty making or keeping friends due to discord, then complete conflictual relationship with friends. Otherwise skip to shyness with peers.

---

**Coding rules**

**DIFFICULTY MAKING FRIENDS**

0 = Absent
2 = Present

**WITHDRAWAL**

0 = Absent
2 = Definite difficulty in making or keeping friends, but has managed to maintain friendship for at least 3 months since onset.
3 = As above, but has had no friendship lasting as long as 3 months since onset.

**DISCORD**

0 = Absent
2 = Definite difficulty in making or keeping friends, but has managed to maintain friendship for at least 3 months since onset.
3 = As above, but has had no friendship lasting as long as 3 months since onset.

**CONFLICTUAL RELATIONSHIP WITH FRIENDS**

0 = Absent
2 = Present with at least one friend.
3 = Most or all friendships characterized by conflictual relationships.
**SHYNESS WITH PEERS**
Sensitive reluctance to approach peers who are little known to the subject.

CONSIDER SOCIAL ANXIETY ESPECIALLY IF SHYNESS IS PRESENT TO THE EXTENT THAT CONTACT IS ACTIVELY AVOIDED.

*Do you think that you're more shy than other kids?*
- In what way?
- How shy?
- Does that stop you from doing anything?
- Can you tell me about last time it did?

**SUBJECT IS TEASED/BULLIED**
Child is a particular object of mockery, physical attacks or threats by peers or siblings.

*Do you get teased or bullied at all by your siblings or friends?*
- Is that more than other children?
- Are other boys and girls mean to you?
  - How much?
  - Tell me about the last time.
  - Who does it?
  - Why do they do it?
  - Why do they pick on you?
  - What do you do about it?
Definitions and questions

"SCHIZOID" LACK OF INTEREST IN PEOPLE
Child has pervasive lack of interest in peers that is not a consequence of anxiety; does not seek increased contact with them; and lacks a sense of closeness or involvement with other people.

Do you prefer doing things alone or with other people?
Why is that?
Do you enjoy being with people?
How well do you fit in with other kids?
Are you usually one of the group?
Is there anyone you feel really close to?
Do you have a special friend?
Do you wish you had more friends?
Why don't you have more friends?

LACK OF EMPATHY/EMOTIONAL SENSITIVITY
A lack of awareness of, and sensitivity to, other people's feelings. Lack of ability to detect other's feelings, not lack of willingness to respond to them. This lack is pervasive and not specific to any particular relationship.

Can you usually tell when other people are upset?
Or happy?
What about your family?
Do your friends talk with you about their worries or troubles?
IF NO:
Why not?
GIRLFRIEND/BOYFRIEND
A selective relationship with a member of the opposite sex, that involves joint activities. The relationship need not include any sexual activity.

IF CHILD IS AGE 11 OR ABOVE, ASK ABOUT BOYFRIEND/GIRLFRIEND.

Have you had a boyfriend/girlfriend in the last 3 months?

How long have you been dating him/her?

Have you ever had sexual intercourse?

When was the first time?
How many people have you had sex with in your life?
Have you ever been pregnant/gotten a girl pregnant?
How many times?
When was the first time?
What was the outcome?
Do you have any children?
How many?

<table>
<thead>
<tr>
<th>Codes</th>
<th>Definitions and questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOYFRIEND/GIRLFRIEND</td>
<td>GIRLFRIEND/BOYFRIEND is a selective relationship with a member of the opposite sex, that involves joint activities. The relationship need not include any sexual activity.</td>
</tr>
<tr>
<td>SEXUAL INTERCOURSE</td>
<td>SEXUAL INTERCOURSE is a sexual activity between two individuals.</td>
</tr>
<tr>
<td>NUMBER OF SEXUAL PARTNERS</td>
<td>NUMBER OF SEXUAL PARTNERS is the number of sexual partners a person has had.</td>
</tr>
<tr>
<td>NUMBER OF PREGNANCIES</td>
<td>NUMBER OF PREGNANCIES is the number of pregnancies a person has had.</td>
</tr>
<tr>
<td>PREGNANCY OUTCOME</td>
<td>PREGNANCY OUTCOME is the outcome of a pregnancy.</td>
</tr>
<tr>
<td>NUMBER OF CHILDREN</td>
<td>NUMBER OF CHILDREN is the number of children a person has.</td>
</tr>
</tbody>
</table>
Definitions and questions

GENERAL SCHOOL INFORMATION

GET A GENERAL PICTURE OF THE CHILD’S LIFE IN THE SCHOOL.

TYPE OF SCHOOL
CHILD ATTENDS SCHOOL.

Which school do you go to?
What grade are you in?
Have you ever repeated a grade?
Have you ever skipped a grade?
How many weeks were you in school in the last 3 months?

Did you attend each day?

Were you out for sickness?
Vacation?
Did you skip school?
Or miss school because you were worried about going to school?
How do you like school?

How do you get along with the teachers?

Which teacher do you like best?
Are there any teachers who you really dislikes?
How are you getting along in school?
What are your report cards like?

What sort of trouble do you get into at school?

Have you ever been sent home from school?
Have you ever been expelled?
Or suspended?
Had in-school suspension?

How do you get along with the kids at school?

How much do you get into fights?
Are these friendly fights or real fights?

CURRENT GRADE OR GRADE LAST COMPLETED

EVER REPEATED GRADE.

EXCLUDE WEEKS OF VACATION OR EXTENDED ILLNESS. INCLUDE WEEKS WHEN ENROLLED BUT MISSED SCHOOL BECAUSE OF TRUANCY OR WORRY/ANXIETY.

Coding rules

Codes

TYPE OF SCHOOL
0 = Absent
2 = Present

CBA1XYZ 00 Intensity

CBA0X01

CBA1X01 Frequency

EVER REPEATED GRADE
0 = No
2 = Yes

CBA2X01

CBA2X02

EVER SKIPPED A GRADE
0 = No
2 = Yes

WEEKS

CBA3D01 Duration

PRIMARY PERIOD: NUMBER OF DAYS PRESENT

CBA4F01

PRIMARY PERIOD: NUMBER OF WEEKS WHERE PRESENT AT LEAST 1 DAY PER WEEK

CBA5F01
IF CHILD IS STILL IN SCHOOL, COMPLETE. OTHERWISE, SKIP TO "REGULAR EMPLOYMENT", (PAGE 9).
**Definitions and questions**

**NUMBER OF WEEKS ENROLLED IN SCHOOL - SECONDARY PERIOD**
Beginning date of last month period when enrolled in school.

ENROLLED DURING A SECONDARY PERIOD.

IF CHILD NOT ENROLLED IN SCHOOL 4 WEEKS IN LAST 3 MONTHS, CODE BEGINNING DATE OF LAST 4 WEEKS WHEN WAS IN SCHOOL

---

**NUMBER OF WEEKS ENROLLED IN SCHOOL - TERTIARY PERIOD**
Beginning date of last 4 week period when child present in school 1 day per week.

ENROLLED IN TERTIARY PERIOD.

IF CHILD NOT ENROLLED IN SCHOOL 4 WEEKS IN LAST 3 MONTHS, CODE BEGINNING DATE OF LAST 4 WEEKS WHEN WAS IN SCHOOL 1 DAY PER WEEK

---

**AFTER SCHOOL WORK**
Include any paid employment, including weekend and vacation jobs, (apart from work required in order to qualify for an allowance from parents) in the past 3 months.

*Have you had a job in the last 3 months?*

*What do you do?*

*How many hours a week do you work?*

*How long have you been working?*

*Have you ever been dismissed from a job?*

*Why was that?*

---

**Coding rules**

**SECONDARY PERIOD**

0 = No
2 = Yes

**ENROLLED DURING A SECONDARY PERIOD**

0 = No
2 = Yes

**SECONEDARY PERIOD: NUMBER OF DAYS PRESENT**

**SECONDARY PERIOD: NUMBER OF WEEKS WHERE PRESENT AT LEAST 1 DAY PER WEEK**

---

**TERTIARY PERIOD: NUMBER OF DAYS PRESENT**

**CURRENTLY WORK AFTER SCHOOL**

0 = Absent
2 = Present

---

FOR REVIEW ONLY
School/Work Performance and Behavior

**EVER DISMISSED FROM JOB**
Include any paid employment, including weekend and vacation jobs, (apart from work required in order to qualify for an allowance from parents) in the past 3 months.

*Have you had a job in the last 3 months?*

*What do you do?*

*How many hours a week do you work?*

*How long have you been working?*

*Have you ever been dismissed from a job?*

*Why was that?*

*Have you ever been dismissed from a job?*

*Why was that?*

**SAFETY OF SCHOOL**

*How safe is your school?*

*Do you feel that it is a dangerous place to be?*

**CURRENTLY WORK AFTER SCHOOL**

0 = Absent

2 = Present

**EVER DISMISSED FROM JOB**

0 = Absent

2 = Present

**SAFETY OF SCHOOL**

0 = Child feels safe.

2 = Child reports feeling unsafe.

3 = Child restricts activities because of lack of safety.
Definitions and questions

**NUMBER OF ARGUMENTS WITH TEACHERS**

An argument is defined as a disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights.

*Do you have arguments with teachers?*

Who do you argue with?
Tell me about the last time.
How long do these arguments last?
How many arguments have you had with teachers over the last three months?
Did the arguments ever get physical?
What happened?
*Have you "hit" a teacher over the last three months?*

**OTHER PHYSICAL VIOLENCE BY CHILD (WITHOUT ARGUMENTS WITH TEACHERS)**

An argument is defined as a disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights.

*Have you hit a teacher in the last 3 months?*
Definitions and questions

**NUMBER OF ARGUMENTS WITH PEERS AT SCHOOL**

*Do you have arguments with peers at school?*

Who do you argue with?
Tell me about the last time.
How long do these arguments last?
How many arguments have you had with other kids at school over the last three months?
When did you first argue with friends like that?

Coding rules

**NUMBER OF ARGUMENTS WITH PEERS AT SCHOOL**

0 = Absent
2 = Present

Codes

ABC0M204
Intensity
CBC0F01
Frequency
CBC0001
Onset
WORK PERFORMANCE AND BEHAVIOR
SCHOOL INFORMATION FOR THOSE WHO HAVE LEFT SCHOOL

Information about the school history of students who left school before the 3 month period. Do not include students who are on summer break.

When did you leave school?

What was the last grade you completed?

Have you ever repeated a grade?

Did you graduate before leaving?

IF NOT GRADUATE, ASK

Have you gotten your GED?

Or attended night school?
Or another alternative school?

IF CHILD NOT PRESENT IN SCHOOL 1 DAY A WEEK FOR 4 WEEKS IN SECONDARY PERIOD, CODE BEGINNING DATE OF 4 WEEK PERIOD WHEN WAS IN SCHOOL 1 DAY PER WEEK.

LEFT SCHOOL OFFICIALLY
0 = No
2 = Yes

PBB0001

SECONDARY PERIOD: NUMBER OF DAYS PRESENT

SECONDARY PERIOD: NUMBER OF WEEKS WHERE PRESENT AT LEAST 1 DAY PER WEEK

TERTIARY PERIOD: BEGINNING DATE OF LAST 4 WEEK PERIOD WHEN CHILD PRESENT IN SCHOOL 1 DAY PER WEEK

TERTIARY PERIOD: NUMBER OF DAYS PRESENT

LAST GRADE COMPLETED

EVER REPEATED GRADE
0 = No
2 = Yes

GRADUATED
0 = Yes
2 = No

EARNED GED
0 = Yes
2 = No

COMPLETE ALTERNATIVE SCHOOL PROGRAM
0 = Yes
2 = No
REGULAR EMPLOYMENT
Paid employment for those who have left school officially.

*Have you ever had a job?*

*Have you had a job in the last 3 months?*

*What do you do?*

*How many hours a week do you work?*
*Have you ever worked 20 or more hours a week?*
*How many weeks have you worked in the last 3 months?*
*When did you get your first job?*
*How many jobs have you had in your life?*
*Have you ever been dismissed from a job?*

*What is the longest you have been without a job?*

CURRENTLY EMPLOYED

CODE ONLY IF OFFICIALLY LEFT SCHOOL

CODE NUMBER OF WEEKS UNEMPLOYED

REGULAR EMPLOYMENT

0 = Absent
2 = Present

CURRENTLY EMPLOYED

0 = Absent
2 = Present

CURRENTLY EMPLOYED >20 HR/WEEK

0 = Absent
2 = Present

NUMBER OF WEEKS WORKED IN PAST 3 MONTHS

DATE FIRST JOB Began SINCE LEAVING SCHOOL

EVER: NUMBER OF JOBS HELD

EVER: DISMISSED FROM JOB

EVER: LONGEST PERIOD OF UNEMPLOYMENT
PATTERN OF NON-ATTENDANCE (TRUANCY)
MISSING TIME AT SCHOOL (TRUANCY)
The child fails to reach, or leaves school, without permission of school authorities, and without a normally acceptable excuse (such as illness), for reasons not associated with either separation anxiety or fear of school. The reason may be dislike of school or a wish to take part in other activities, with or without friends.

Non-attendance because of worry or anxiety may also occur, in which case both are rated as being present.

Have you skipped school in the last 3 months?

NUMBER OF 1/2 DAYS IN SCHOOL PERIOD WHEN ENROLLED IN SCHOOL

EVER: MISSING TIME AT SCHOOL (TRUANCY)
The child fails to reach, or leaves school, without permission of school authorities, and without a normally acceptable excuse (such as illness), for reasons not associated with either separation anxiety or fear of school. The reason may be dislike of school or a wish to take part in other activities, with or without friends.

Non-attendance because of worry or anxiety may also occur, in which case both are rated as being present.

Have you ever skipped school?

Have you ever skipped any classes while in school?

How often?
What about during the last 3 months?
Why was that?
Tell me about the last time.
What did you do?
What were up to?
Were you on your own or with other children/people?
Have you ever skipped out of school during the day?

How often?
Why was that?
Have you ever pretended to be sick so that you would not have to go to school?
IF MISSED AT LEAST 1 HALF DAY, NO ACCEPTABLE REASON FOR SCHOOL ABSENCE, AND ABSENCE NOT DUE TO WORRY/ANXIETY, COMPLETE. OTHERWISE, SKIP TO "ACTUAL DISTRESS WHEN ATTACHMENT FIGURE ABSENT", (PAGE 14).
Definitions and questions

STAYS AT HOME SOME MORNINGS (TRUANCY)
Do you ever stay at home sometimes when you should be at school?

How often?
Do your parents make you go?
Do they try to?
What happens then?
Tell me about the last time it happened.
Is it like that every morning?

HAS TO BE TAKEN TO SCHOOL (TRUANCY)
Parent or someone else has to take child to school to ensure arrival, for reason other than the child's anxiety or emotional disturbance.

Do your parents have to take you to school sometimes to make sure that you will go?

How often?
What happens?

PARENTAL COLLUSION (TRUANCY)
The child is out of school, meeting criteria for truancy (above). The parents know the child is not attending school, and do not take measures to get the child to school.

Do your parents know that you skip school?
What do your parents do when you don’t want to go to school?
Do they try to make you go?
Do your parents think you should be going to that school? Does your not going to school bother them?

Coding rules

STAYS AT HOME SOME MORNINGS
CBC7I01 Intensity
0 = Does not stay at home
2 = Stays at home at least one occasion in 3 months.

CBC7F01 Frequency

HAS TO BE TAKEN TO SCHOOL
CBC8I01 Intensity
0 = No
2 = Yes, on at least one occasion in last 3 months.

CBC8F01 Frequency

PARENTAL COLLUSION
CBC9I01 Intensity
0 = Child truanted in last three months and parents have made repeated, consistent attempts to get child to attend school (irrespective of whether successful)
1 = Sporadic and inconsistent parental attempts
2 = Child truanted in last 3 months, without parental attempts to enforce school attendance
3 = Child taken out of school by parents
RUNS OUT OF SCHOOL (TRUANCY)
Child either fails to reach school, or leaves school before end of school day, without permission.

Do not code here if absence is due to anxiety related to going to school.

*When you skip school, where do you go?*

*What do you do?*
*Is that on your own or with someone else?*
*Who?*

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>RUNS OUT OF SCHOOL</td>
<td>zyxabc9 00</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td>CHILD FAILS TO REACH, OR LEAVES, SCHOOL AND RETURNS HOME (TRUANCY)</td>
<td>CBD0I01</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td>CHILD FAILS TO REACH, OR LEAVES, SCHOOL AND GOES OFF ALONE (TRUANCY)</td>
<td>CBD1I01</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td>CHILD FAILS TO REACH, OR LEAVES, SCHOOL AND GOES OFF ALONE (TRUANCY) - FREQUENCY</td>
<td>CBD1F01</td>
</tr>
<tr>
<td>CHILD FAILS TO REACH, OR LEAVES, SCHOOL AND GOES OFF WITH PEERS (TRUANCY)</td>
<td>CBD2I01</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td>CHILD FAILS TO REACH, OR LEAVES, SCHOOL AND GOES OFF WITH PEERS (TRUANCY) - FREQUENCY</td>
<td>CBD2F01</td>
</tr>
</tbody>
</table>
School/Separation Anxiety

SCHOOL/SEPARATION ANXIETY
WORRY/ANXIETY OVER SCHOOL ATTENDANCE AND SEPARATION

EVER: SCHOOL NON-ATTENDANCE (WORRYING/ANXIETY)

Have you been worried at all about going to school?

Have you ever been unable to go to school because you were worried or upset?

Have you ever pretended to be sick so you won’t have to go to school?

SCHOOL NON-ATTENDANCE (WORRYING/ANXIETY)

Have you missed any school due to being worried or upset or pretending to be sick in the last three months?

FREQUENCY CODED AS NUMBER OF 1/2 DAYS IN SCHOOL PERIOD WHEN ENROLLED IN SCHOOL.
Definitions and questions

LEGAL ACTION OR TREATMENT FOR SCHOOL NON-ATTENDANCE
Code legal action or treatment for school non-attendance, due to truancy or separation (worry anxiety) in the last three months.

IF TRUANCY OR MISSING SCHOOL DUE TO ANXIETY, ASK FOLLOWING QUESTIONS. OTHERWISE CODE AS ABSENT.

Has anyone done anything about your missing school?
Like a school counselor?
Who?
What have they done?
Has anyone else tried to help you get back to school?
What have they done?
Have they taken any legal action?

Coding rules

LEGAL ACTION OR TREATMENT FOR SCHOOL NON-ATTENDANCE  xbayzc4200
0 = Absent
2 = Present

SCHOOL-BASED RESPONSE TO NON-ATTENDANCE  CBD3I01
0 = None
2 = Any school-based disciplinary action
3 = Counselling or other therapeutic response

PROFESSIONAL INVOLVEMENT FOR SCHOOL NON-ATTENDANCE  CBD4I01
0 = No
2 = Involvement of any professional from mental health services who would not normally be involved with child. Include psychologists, doctors, etc.

LEGAL ACTION FOR SCHOOL NON-ATTENDANCE  CBD5I01
0 = No
2 = Code here only when legal action actually under way. Do not code threats of legal action.
Definitions and questions

SCREEN: SCHOOL ATTENDANCE/SEPARATION (WORRY/ANXIETY) POSITIVE

NB: IF SCHOOL NON-ATTENDANCE IN THE LAST THREE MONTHS DUE TO WORRY/ANXIETY, CODE SCREEN AS POSITIVE.

Have you been worried at all about going to school in the last 3 months?

What happens when you’re worried about school?

Do you get anxious or upset on school morning?

Do you worry or get upset about being away from your “parents”?

Do you worry when they go out without you?

Or when your at school?

What about if they go away without you?

Such as because of work or on vacation?

Would you worry about that?

IF SCHOOL ATTENDANCE OR SEPARATION SCREEN POSITIVE, COMPLETE. OTHERWISE, SKIP TO "EXCESSIVE NEED FOR REASSURANCE", (PAGE 3).

Coding rules

SCREEN: SCHOOL NON-ATTENDANCE (WORRYING/ANXIETY)

CBD601 Intensity

0 = Absent

2 = Present

Codes
Definitions and questions

**WORRIES/ANXIETY OVER GOING TO SCHOOL**

Worry or subjective anxious affect related to leaving home for school.

Do you ever worry about leaving home to go to school?

Are you frightened about having to leave home?

Why?
What do you think might happen?
Do you ever end up staying at home?
Or leaving school early, before you should?

How long does this last?
How often does this happen?
How long do you remain upset or worried?
Once you actually leave the house (for example, are in the car), how long does it take for you to calm down?
Can you say why you're afraid or worried?

When did you start acting this way?

**ANTICIPATORY FEAR OF SCHOOL**

Anticipatory worry or subjective anxious affect related to school situation.

Are you frightened or worried about anything at school?

Such as particular classes, or teachers, or the behavior of other children?

Why?
Do you worries about school when you're not there?

What do you do about it?
Can you stop being frightened?
Can anyone manage to reassure you?

Coding rules

**WORRIES/ANXIETY ABOUT LEAVING HOME**

0 = Absent
2 = Anticipatory worry or anticipatory anxiety intrusive into at least 2 activities that cannot be entirely controlled.
3 = Anticipatory worry or anticipatory anxiety occurring, almost entirely uncontrollable, in most activities.

**ANTICIPATORY FEAR OF SCHOOL**

0 = Absent
2 = Anticipatory worry or anticipatory anxiety intrusive into at least 2 activities that cannot be entirely controlled.
3 = Anticipatory worry or anticipatory anxiety occurring, almost entirely uncontrollable, in most activities.
Definitions and questions

FEAR WHEN AWAY OF WHAT WILL HAPPEN AT HOME
Worry or subjective anxious affect related to the possibility of bad things happening at home while the child is at school.

Do you worry about what might happen at home when you’re away at school?
What do you think might happen?
What do you do about that?
Do you worry about it even when you’re at home?
What does your “parents” say about it?
Can they manage to reassure you?

PHYSICAL SYMPTOMS OF SEPARATION
Complaints of physical symptoms, e.g. stomachaches, headaches, nausea, vomiting, on school days, or on other occasions when separation from major attachment figures occurs or is anticipated.

Do you get any aches or pains on school days?
Or at other times when you’re separated from your parents?
Do you ever feel sick at these times?
Or get headaches?
Or stomachaches?
REMEMBER TO COMPLETE ANXIOUS AUTONOMIC SYMPTOMS.

NUMBER OF DAYS IN PRIMARY PERIOD
When did it start?

Coding rules

FEAR WHEN AWAY OF WHAT WILL HAPPEN AT HOME
0 = Absent
2 = Anticipatory worry or anticipatory anxiety intrusive into at least 2 activities that cannot be entirely controlled.
3 = Anticipatory worry or anticipatory anxiety occurring, almost entirely uncontrollable, in most activities.

PHYSICAL SYMPTOMS ON SEPARATION
0 = No
2 = Yes
Definitions and questions

PATTERN OF NON-ATTENDANCE (WORRIES/ANXIETY)

STAYS AT HOME SOME MORNINGS (WORRY/ANXIETY)

Child stays out of school because of fear/anxiety/emotional disturbance.

Do you stay at home sometimes?

When is that?
How often?
How do you feel on these mornings?
What do your "parents" do when you don’t want to go to school?
Do they make you go?
Do they try to?
What happens then?
Tell me about the last time it happened.
Is it like that every morning?

QUESTION IN DETAIL TO DIFFERENTIATE STAYING AT HOME BECAUSE OF ANXIETY, OR OTHER EMOTIONAL DISTURBANCES, FROM STAYING AT HOME FOR OTHER REASONS.

When was the first time this happened?

HAS TO BE TAKEN TO SCHOOL (WORRY/ANXIETY)

Parent, or someone else, has to take child to school to ensure arrival because the child is anxious about leaving home or going to school.

Do your "parents" have to take you to school sometimes?

Why is that?
How often?
What happens?

Coding rules

STAYS AT HOME SOME MORNINGS (WORRY/ANXIETY)

CBE2I01 Intensity
0 = Absent
2 = Without marked parental attempts to get him/her to school.
3 = With marked parental attempts to get him/her to school.

CBE2O01 Onset

HAS TO BE TAKEN TO SCHOOL (WORRY/ANXIETY)

CBE3I01 Intensity
0 = No
2 = Yes, on at least one occasion in last 3 months.

CBE3F01 Frequency
Definitions and questions

RUNS OUT OF SCHOOL (WORRY/ANXIETY)
Child either fails to reach school because of worry/anxiety, or leaves before end of school day without permission because of worry/anxiety.

Are there ever times when you just can't bear to go into school?
What is it that makes it difficult for you to go into school? Or when you leave school without permission?

Why do you leave?
Where do you go?
Who with?
What have your "parents" done about that?
What has the school done?

QUESTION IN DETAIL TO DIFFERENTIATE ANXIETY OVER SCHOOL ATTENDANCE FROM TRUANCY OR OTHER FORMS OF NON-ATTENDANCE.

IF SCHOOL NON-ATTENDANCE PRESENT, REMEMBER TO COMPLETE LEGAL ACTION OR TREATMENT SECTION AND AUTONOMIC SYMPTOMS.

SEPARATION ANXIETY POSITIVE
Endorsement of separation questions requires that you do the whole section.

Endorsement of worry/anxiety over school attendance questions only, allows you to skip the separation part of the section.

Separation anxiety would code "yes" if child has worries/anxieties about being separated from parent(s). If child has worries/anxieties about school attendance only, code "no".

NB. INTERVIEWER USE INFORMATION ALREADY COLLECTED TO CODE THIS ITEM.

Coding rules

RUNS OUT OF SCHOOL (WORRY/ANXIETY)
0 = Absent
2 = Present

CHILD FAILS TO REACH OR LEAVES SCHOOL AND RETURNS HOME (WORRY/ANXIETY)
0 = Absent
2 = Present

CHILD FAILS TO REACH OR LEAVES SCHOOL AND GOES OFF ALONE (WORRY/ANXIETY)
0 = Absent
2 = Present

CHILD FAILS TO REACH OR LEAVES SCHOOL AND GOES OFF WITH PEERS (WORRY/ANXIETY)
0 = Absent
2 = Present

SEPARATION ANXIETY POSITIVE
0 = No
2 = Yes
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
</table>

IF SEPARATION ANXIETY POSITIVE, CONTINUE. OTHERWISE, SKIP TO "EXCESSIVE NEED FOR REASSURANCE", (PAGE 3).
SEPARATION ANXIETY

SEPARATION WORRIES/ANXIETY

Excessive worries or fear concerning separation from the persons to whom the affected child is attached.

There are 2 forms of Separations Worries/Anxiety:

Worries/Anxiety about Possible Harm, and Worries/Anxiety about calamitous Separation.

Worries/Anxiety About Possible Harm:

Unrealistic and persistent worry or fear about possible harm befalling major attachment figures, or fear that they will leave and will not return.

Worries/Anxiety About Calamitous Separation:

Unrealistic and persistent worry or fear that an unexpected calamitous event will separate the child from a major attachment figure, e.g., the child will be lost, kidnapped, killed, or be the victim of an accident.

Tell me how you react when you’re separated from your “parents” or other household members.

Are you afraid of being away from them?

Do you worry when they’re away?

Or when you have to leave them?

When you’re away from your “parents” do you worry that they might come to some harm?

Or that they might leave you?

What do they do about it?

Can they stop your worrying?

What do they do?

Does s/he worry that s/he might come to some harm while s/he’s away from the family?

What does s/he do about it?

What happens at school time?

What happens if a friend asks him/her to go out?

Can you stop X worrying about that?

CBE7I01 Intensity

CBE7F01 Frequency

CBE7D01 Duration

CBE7O01 Onset

CBE8I01

CBE9I01

WORRIES ABOUT POSSIBLE HARM

0 = Absent

2 = Worrying is intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Worry is intrusive into most activities and nearly always uncontrollable.

WORRIES ABOUT CALAMITOUS SEPARATION

0 = Absent

2 = Worrying is intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Worry is intrusive into most activities and nearly always uncontrollable.
Definitions and questions

**WORRIES/ANXIETY ABOUT POSSIBLE HARM**
Unrealistic and persistent worry or fear about possible harm befalling major attachment figures, or fear that they will leave and will not return.

*When you’re away from your parents do you worry that they might come to some harm?*

*Or leave you?*

*How much do you worry about that?*
*What do you do about it?*
*Can you stop yourself worrying?*
*What do you do?*

**WORRIES/ANXIETY ABOUT CALAMITOUS SEPARATION**
Unrealistic and persistent worry or fear that an unexpected calamitous event will separate the child from a major attachment figure, e.g., the child will be lost, kidnapped, killed, or be the victim of an accident.

*Does you worry that you might come to some harm while you’re away from your family?*

*What do you do about it?*
*Can you stop yourself worrying?*
*What do you do?*

Coding rules

**WORRIES ABOUT POSSIBLE HARM**

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<th>Intensity</th>
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<tbody>
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<td>CBE8I01</td>
</tr>
<tr>
<td>2 = Worrying is intrusive into at least 2 activities and uncontrollable at least some of the time.</td>
<td></td>
</tr>
<tr>
<td>3 = Worry is intrusive into most activities and nearly always uncontrollable.</td>
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</tr>
</tbody>
</table>

**WORRIES ABOUT CALAMITOUS SEPARATION**

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>CBE9I01</td>
</tr>
<tr>
<td>2 = Worrying is intrusive into at least 2 activities and uncontrollable at least some of the time.</td>
<td></td>
</tr>
<tr>
<td>3 = Worry is intrusive into most activities and nearly always uncontrollable.</td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

RELUCTANCE TO SLEEP ALONE
Persistent reluctance, or refusal to go to sleep without being near a major attachment figure.

Can you go to sleep on your own?
What happens?
What do your "parents" do about it?
How long does that last?
Could you go to sleep on your own if you had to?

SLEEPS WITH FAMILY MEMBER
Actually sleeps with a family member because of persistent refusal to sleep (through the night) without being near a major attachment figure.

Can you sleep the night through on your own?
Do you ever have to sleep with "Mom" or "Dad"?
How often do you sleep with family member(s)?

Coding rules

RELUCTANCE TO GO TO SLEEP ALONE
0 = Absent
2 = Sometimes reluctant to go to sleep alone.
3 = Almost always reluctant to go to sleep alone. Protest nearly every night unless allowed to sleep with family member.

SLEEPS WITH FAMILY MEMBER
0 = Absent
2 = Sometimes reluctant to go to sleep alone.
3 = Almost always reluctant to go to sleep alone. Protest nearly every night unless allowed to sleep with family member.
**Definitions and questions**

**RISING TO CHECK ON FAMILY MEMBERS**
Rising at night to check that attachment figures are still present and/or free from harm.

This does not include rising to check on subject's own child, if s/he has one.

*Do you ever get up to check that "family members" are OK?*

*How often do you do that?*

*Does your "parents" wake up when you check on them?*  
*Are you able to go back to bed and fall asleep on your own after getting up to check on them?*

*When did you start getting up to check on the family?*

**AVOIDANCE OF SLEEPING AWAY FROM FAMILY**
Aviodance, or attempted aviodance, or sleeping away from family, as a result of worrying or anxiety about separation from home or family.

*Have you ever been on any overnight school trips?*

*Do you ever stay overnight with friends?*

*What about your grandmother's (or other relatives)?*

**Coding rules**

<table>
<thead>
<tr>
<th>Codes</th>
<th>RISES TO CHECK ON FAMILY MEMBERS</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Intensity</td>
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<tr>
<td>CBF1F01</td>
<td>Frequency</td>
</tr>
<tr>
<td>CBF1O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>

0 = Absent  
2 = Sometimes rises to check on family members but without waking them.  
3 = Wakes family members up when checks on them.

<table>
<thead>
<tr>
<th>Codes</th>
<th>AVOIDANCE OF SLEEPING AWAY FROM FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBF2I01</td>
<td>Intensity</td>
</tr>
<tr>
<td>CBF2O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>

0 = Absent  
2 = Aviodance, or attempted aviodance, in last 3 months, but has slept away from the family at some time.  
3 = Avoidance in last 3 months, and has never slept away from family.

**FOR REVIEW ONLY**
SEPARATION DREAMS
Unpleasant dreams involving theme of separation.

Have you had any nightmares about leaving your "parents"?
How often?
How often do you have these bad dreams?
Did they wake you up from sleep?

AVOIDANCE OF BEING ALONE
Persistent avoidance of being alone due to anxiety about being away from attachment figures.

Do you try to avoid being on your own?
Why is that?
What do you do?
What do your "parents" do?
When did it start?
How do your "parents" respond?

ANTICIPATORY DISTRESS
Signs or complaints of excessive distress in anticipation of separation from major attachment figures; or crying, pleading with parents not to leave.

What do you do when you think your "parents" might leave him/her?
Or when they have to leave you?

SEPARATION DREAMS
0 = Absent
2 = Separation dreams recalled
3 = Separation nightmares wake child.

AVOIDANCE OF BEING ALONE
0 = Absent
2 = At least sometimes tries to avoid being alone because of at least sometimes uncontrollable worry or anxiety about being away from attachment figures.
3 = Almost always tries to avoid being alone because of nearly always uncontrollable worry or anxiety about being away from attachment figures.

ANTICIPATORY DISTRESS
0 = Absent
2 = At least sometimes uncontrollable distress related to potential separation from attachment figures. At least sometimes unresponsive to reassurance and occurring in at least 2 activities.
3 = Nearly always uncontrollable distress related to potential separation from attachment figures. Usually unresponsive to reassurance and occurring in most activities.
WITHDRAWAL WHEN ATTACHMENT FIGURE ABSENT

Social withdrawal, apathy, sadness, or difficulty concentrating on work or play when not with a major attachment figure.

What happens when you’re left alone (or with a sitter)?

How do you feel?
Can you concentrate?
Does anything make you feel better?
What if you’re with friends?

ACTUAL DISTRESS WHEN ATTACHMENT FIGURE ABSENT

Signs or complaints of excessive distress, or extreme homesickness, when separated from major attachment figure.

Do you get very upset sometimes when your "parent" is not with you?

Do you get homesick?
What's that like?
What do you do?

WITHDRAWAL

0 = Absent
2 = At least sometimes uncontrollable withdrawal etc., in at least 2 activities, when not with attachment figures.
3 = Nearly always uncontrollable withdrawal etc., in most activities, when not with attachment figures.

DISTRESS

0 = Absent
2 = At least sometimes uncontrollable distress etc., in at least 2 activities, when not with attachment figures.
3 = Nearly always uncontrollable distress etc., in most activities, when not with attachment figure.
WORRIES
GET EXAMPLES OF BEHAVIOR AND CONSIDER CODING FOR INCAPACITY.

WORRIES
A round of painful, unpleasant, or uncomfortable thoughts that cannot be stopped voluntarily and that occurs across more than one activity, with a total daily duration of at least 1 hour.

Do not include worries coded under School Non-Attendance, Separation Anxiety, or Hypochondriasis.

Most people have got some worries, what do you worry about?

Do you worry about what will happen in the future?

Do you worry about bad things happening in the future?

Does you worry about things you have done?

Does you worry about how well you does things?

Like school work? 
Or how good you are at sports?

Do you worry about what people think of you?

Does you get worried when other people are around?

Or worry about how you are with other people?

Does you get self-conscious?

Do you worry about how you look?

WORRIES
CCA0F01 Frequency

CCA0D01 Duration

CCA0O01 Onset

HOURS : MINUTES

CCA0I01 Intensity

CCA0I02 WORRIES ABOUT FUTURE EVENTS

CCA0I03 WORRIES ABOUT PAST BEHAVIOR

CCA0I04 WORRIES ABOUT COMPETENCE OR PERFORMANCE

CCA0I05 SELF-CONSCIOUSNESS

CCA0I06 WORRIES ABOUT APPEARANCE

CCA0I01

CCA0F01

CCA0D01

CCA0O01

CCA0I02

CCA0I03

CCA0I04

CCA0I05

CCA0I06
**Definitions and questions**

**Do you worry about whether your family will have enough money?**

*What is it like when you worry?*
*Can you give me an example?*
*When you worry about these things, how long does it last?*
*How often do you worry like that in a day?*
*Can you stop feeling like that?*
*Any times in the last three months you couldn’t stop?*
*What are you doing when you are worrying like that?*
*Does it make any difference what you are doing?*
*How often have she worried like that in the last three months?*
*When did you start worrying like that?*
*How much do you worry?*
*Is it all the time or just now and then?*
*How worried do you get?*
*Can you stop worrying if you want to?*
*Does anything make the worrying better?*
*Make it worse?*
*Can you turn your mind to other things?*
*How do you stop worrying?*
*Are there ever times that you can’t stop worrying?*
*What about when you are doing other things?*
*Or what s/he wants to do?*
*Like T.V. or school work?*
*Does worrying affect your concentration?*
*Does worrying change how you are with others (make you irritable)?*
*Does worrying keep you awake at night?*

**Do you have other worries?**

*What are they?*
*What is it like when you worry?*
*Does it make you irritable?*
*Or agitated?*
*Or quiet and constricted in your play or interactions?*
*Does worrying keep you awake at night?*
*Can you give me an example?*
*How often do you worry?*
*Can you stop worrying if you want to?*
*Were there any times in the last three months you couldn’t stop worrying?*
*How often have you worried in the last three months?*
*When did you start worrying like that?*

**WORRIES ABOUT MONEY**

0 = Absent
2 = Present

**OTHER WORRIES**

0 = Absent
2 = Present
WORRIES ABOUT PHYSICAL ILLNESS (HYPOCHONDRIASIS)

All characteristics of worrying are present including a total daily duration of at least 1 hour, but the worrying is specifically concentrated on the possibility of disease or malfunction in the subject.

Do you worry at all about whether you’re physically ill?

That there may be something seriously wrong with you?
What do you worry about?
What do you think might happen?
How much do you worry about that?
Can you stop yourself worrying?
What do you do?
How long does it last?
When did those worries start?

EXCESSIVE NEED FOR REASSURANCE

The subject seeks reassurance from others about at least two topics of worry, but the worries continue in spite of such reassurance. Include School-Related Worries/Anxiety, Separation Anxiety, Worries and Hypochondriasis.

Do you tell people about your worries?

How often?
Do they ever get fed up with hearing about your worries?

What happens then?
Can you stop yourself from talking about your worries?

HOURS : MINUTES

CCA1D01 Duration
CCA1O01 Onset / /

CCA2I01 Intensity

CCA1F01 Frequency

CCA1I01 Intensity
Anxious Affect

NERVOUS TENSION
An unpleasant feeling of "nervousness," "nervous tension," "being on edge," "being keyed-up."

Do you feel tense, nervous, or on edge?

How bad is it?
When does that happen?
Does anything bring it on?
Do you know why?
What do you feel "tense" about?
If you concentrate on something, or do something you like, does that feeling go away?
Or do your muscles get sore?

IF NERVOUS TENSION IS PRESENT, REMEMBER TO COMPLETE PANIC ATTACKS AND ANXIOUS AUTONOMIC SYMPTOMS SECTION. DISTINGUISH BETWEEN ANXIOUS AUTONOMIC SYMPTOMS SPECIFIC TO PANIC ATTACK AND ANXIOUS SYMPTOMS NOT ACCOMPANIED BY PANIC ATTACK.

How long does the feeling last?
When did it start?
Definitions and questions

SCREEN: SUBJECTIVE ANXIOUS AFFECT (FRIGHTENED AFFECT)
Feelings of fear and apprehension. All anxious affect situations refer to anxiety-provoking stressors that affect the subject regardless of their immediate presence. The subject can experience anxiety without being confronted by the anxiety-provoking situation, by just thinking about it.

Do you ever get frightened without knowing why?
When did that happen?
What was it like?
Do you ever get frightened by particular things that most people don’t mind?
Do any animals frighten you?
What about crowds?
Or open spaces?
Or elevators
Do you get nervous and shy when you have to meet new people?
Are you really afraid of injections?
Or really afraid of the sight of blood?
Do you ever get panicky?

Cara-Omnibus Child Version 5.0.0

Coding rules

SUBJECTIVE ANXIOUS AFFECT
SCREEN POSITIVE

CCA5I01
Intensity

0 = No
2 = Yes
Anxious Affect

ANXIOUS FOREBODING
Subjective Anxious Affect with an unaccountable feeling of doom or that something awful may happen. It should have a total daily duration of at least 1 hour.

When did it start?
Do you ever have a feeling, for no reason, that something awful is going to happen?

What?
How often does that happen?
How long does it last?
Is there anything you can do about it?

Coding rules

ANXIOUS FOREBODING
0 = Absent
2 = Anxious foreboding is intrusive into at least 2 activities and uncontrollable at least some of the time.
3 = Anxious foreboding is intrusive into most activities and nearly always uncontrollable.

CCA4D01
Duration

CCA4F01
Frequency

CCA4I01
Intensity

CCA4O01
Onset

HOURS : MINUTES

FOR REVIEW ONLY

FOR REVIEW ONLY

FOR REVIEW ONLY
SOCIAL ANXIETY
Subjective Anxious Affect specific to social interactions. There is desire for involvement with familiar people.

Include fear, self-consciousness, embarrassment, and concern about appropriateness of behavior when interacting with unfamiliar figures. Also include fear and anxiety when meeting or anticipating meeting a strange adult.

**Do you ever get “nervous” or “frightened” when you have to talk to people you don’t know well?**

**Do you feel very self-conscious or embarrassed with people you don’t know well?**

**Do you ever avoid meeting people because of it?**

What about parties?

**Do you do anything to avoid it?**

Has it affected what you do?

What affect has it had?

**Do you get upset when you have to meet new people?**

---

**SOCIAL ANXIETY**

0 = Absent

1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.

2 = Social anxiety is intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Social anxiety is intrusive into most activities and nearly always uncontrollable.

4 = The child has not been in such a situation during the last 3 months because parent helped him/her to avoid it, but parent reports that anxious affect would have occurred if the child had been in situation.

---

**DISTRESS**

0 = Absent

2 = New or forced social situation leads to (or would lead to) crying, lack of spontaneous speech, withdrawal from social situation, or anxious silliness.

**SOCIAL ANXIETY - DISTRESS ONSET**

---

**AVOIDANCE**

0 = Absent

2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.

3 = Subject lives a highly restricted life because of feared situations.

**SOCIAL ANXIETY - AVOIDANCE ONSET**

---

**Definitions and questions**
FEAR OF ACTIVITIES IN PUBLIC

Subjective Anxious Affect specific to the public performance of activities that do not elicit fear when performed in private. Include going to the bathroom at daycare/school or other public places, eating in public, speaking up at circle time or participating in "sharing" at daycare/school.

Do you get nervous or frightened when you have to do things in front of other people?

What about when you’re called on in class?

Does it embarrass you to eat when other people are around?

What happens?

How does it affect you?

Can you stop from feeling that way?

Do you do anything to avoid having to "do it" in front of others?

What effect has it had on what you do?

How often have you done that in the last three months?

How long does that last?

FEAR OF ACTIVITIES IN PUBLIC

0 = Absent

1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.

2 = Fear is intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Fear is intrusive into most activities and nearly always uncontrollable.

4 = The child has not been in such a situation during the past 3 months because of avoidance, but parent reports that anxious affect would have occurred if the child had been in situation.

DISTRESS

0 = Absent

2 = New or forced social situation leads to (or would lead to) crying, lack of spontaneous speech, or withdrawal from social situation.

AVOIDANCE

0 = Absent

2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.

3 = Subject lives a highly restricted life because of feared situations.
AGORAPHOBIA
Subjective anxious affect specific to open spaces or crowds. Typical places and situations relevant to agoraphobia include being outside the home alone, being in a crowd, standing in line, traveling on public transport or by automobile.

Distinguish from acrophobia (fear of heights) when fear of being on bridges, etc. is described.

Distinguish from separation-related anxieties and worries, where the central fears or worries concern separation from attachment figures. When there is doubt as to the correct coding in such a case, code both the appropriate separation-related symptoms and agoraphobia and complete the coding indicating possible overlap with separation-related symptoms.

Are you afraid in open spaces?
Or going out in crowded places?
Or using public transportation?

How does it affect you?
Can you stop yourself from being afraid?
Do you do anything to avoid it?
Has it affected what you do?
What affect has it had?

How often has that happened in the last three months?
How long does that last?

AGORAPHOBIA
0 = Absent
1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.
2 = Agoraphobia is intrusive into at least 2 activities and uncontrollable at least some of the time.
3 = Agoraphobia is intrusive into most activities and nearly always uncontrollable.
4 = The child has not been in the anxiety provoking situation during the past 3 months because of avoidance, but the parent reports that the anxious affect would have occurred if the child had been in such a situation.

AVOIDANCE
0 = Absent
2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.
3 = Subject lives a highly restricted life because of feared situations.

AGORAPHOBIA - AVOIDANCE ONSET
Definitions and questions

**ANIMAL FEARS**
Subjective Anxious Affect specific to animals.

Distinguish from Fear of Monsters, remembering the "monsters" can include animals that really exist under certain circumstances.

**Do any animals frighten you?**

*Which?*

*Why are you frightened of them?*

*What do you do about it?*

*Do you try yo avoid them?*

*How often has that happened in the last three months?*

*How long does that last?*

<table>
<thead>
<tr>
<th>Codes</th>
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</thead>
<tbody>
<tr>
<td>CCB4I01</td>
<td>Intensity</td>
</tr>
<tr>
<td>CCB4F01</td>
<td>Frequency</td>
</tr>
<tr>
<td>CCB4D01</td>
<td>Duration</td>
</tr>
<tr>
<td>CCB4O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>

**FEAR OF ANIMALS**

0 = Absent

2 = Fear of animals is intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Fear of animals is intrusive into most activities and nearly always uncontrollable.

4 = Subject has not been in situation in past 3 months because of avoidance, but reports that anxious affect would be present if had been in situation.

**HOURS : MINUTES**

**TYPE OF ANIMAL FEARED**

1 = Dogs

2 = Cats

3 = Mice/rats

4 = Other mammals (horses, lions)

5 = Bats

6 = Insects

7 = Spiders

8 = Snakes

9 = Birds

10 = Other

Specify

**AVOIDANCE**

0 = Absent

2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.

3 = Subject lives a highly restricted life because of feared situations.
**FEAR OF INJURY**
Subjective anxious affect specific to the possibility of being hurt.

*Do you feel "nervous" or "frightened" about getting hurt or injured?*

- What is that like?
- Does it affect what you do?
- In what way?
- What do you do about it?

*How often has that happened in the last three months?*

*How long do you stay afraid for?*

### Coding rules

<table>
<thead>
<tr>
<th>ANIMAL FEARS - AVOIDANCE ONSET</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>FEAR OF INJURY</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCB6I01</td>
<td>Intensity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEAR OF INJURY - AVOIDANCE ONSET</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCB7I01</td>
<td></td>
</tr>
</tbody>
</table>

### Codes

- **0** = Absent
- **1** = Fear is intrusive into at least one activity and uncontrollable at least some of the time.
- **2** = Fear is intrusive into at least 2 activities and uncontrollable at least some of the time.
- **3** = Fear is intrusive into most activities and nearly always uncontrollable.
- **4** = The child has not been in such a situation during the past 3 months because of avoidance, but parent reports that anxious affect would have occurred if the child had been in situation.
FEAR OF BLOOD/INJECTION
Subjective Anxious Affect in relation to sight of blood, receipt or sight of injections, or anticipation of sight of blood or injections.

AIDS-related fears are not coded here.

Distinguish from Fear of Doctor/Dentist

Do you feel "nervous" about the sight of blood?
Are you fearful of getting a shot or injection?
Are you afraid of seeing anyone getting an injection?

How does it affect you?
Can you stop yourself from being afraid?
Do you do anything to avoid it?

How often, in the last three months, have you been afraid of blood/injections?
How long do you stay afraid for?

FEAR OF BLOOD/INJECTION
0 = Absent
1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.
2 = Fear is intrusive into at least 2 activities and uncontrollable at least some of the time.
3 = Fear is intrusive into most activities and nearly always uncontrollable.
4 = The child has not been in such a situation during the past 3 months because of avoidance, but parent reports that anxious affect would have occurred if the child had been in situation.

AVOIDANCE
0 = Absent
1 = Child can be reassured about the sight of blood or cooperate about receiving a shot if accompanied/reassured.
2 = "Parent" has developed routines that allow child to avoid feared situation including postponing shots or immunizations.

AVOIDANCE - ONSET
0 = Absent
1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.
2 = Fear is intrusive into at least 2 activities and uncontrollable at least some of the time.
3 = Fear is intrusive into most activities and nearly always uncontrollable.
4 = The child has not been in such a situation during the past 3 months because of avoidance, but parent reports that anxious affect would have occurred if the child had been in situation.
ANXIETY OR FEAR PROVOKING SITUATIONS AIDE-MEMOIR

Are there any other things that you’re afraid of?

IF YES, OR IF ONE OR MORE FEARS ALREADY ELICITED, CHECK ITEMS ON LIST BELOW. OTHERWISE, PROCEED TO SITUATIONAL ANXIOUS AFFECT.

Heights

Elevators

Insects and spiders

Snakes

Birds

The dark

Illness

Frightening things on TV and Movies

War

Other

How often have you been afraid in the last three months?

How long do you stay afraid for?

IF NO ANXIETIES, SKIP TO "FREE FLOATING ANXIOUS AFFECT", (PAGE 13).

OTHER FEARS

0 = Absent

1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.

2 = Fear is intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Fear is intrusive into most activities and nearly always uncontrollable.

4 = The child has not been in such a situation during the past 3 months because of avoidance, but parent reports that anxious affect would have occurred if the child had been in situation.

Specify

AVOIDANCE

0 = Absent

2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.

3 = Subject lives a highly restricted life because of feared situations.
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
</table>

**Anxious Affect**
SITUATIONAL ANXIOUS AFFECT

Anxious Affect that occurs in certain situations/environments.

REVIEW NOTES OF THE ANXIETY CIRCUMSTANCES AND CODE THE PROVOKING OCCURRENCES OF ANY OF THE FORMS OF SPECIFIC ANXIOUS AFFECT.

REMEMBER TO COLLECT FREQUENCIES AND DURATIONS.

INTERVIEWER NOTE: IF ANY ANXIETY SYMPTOMS ARE PRESENT, CHOOSE A RATING AND COMPLETE SECTION.

Coding rules

SITUATIONAL ANXIOUS AFFECT

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>1</td>
<td>Fear is intrusive into at least one activity and uncontrollable at least some of the time.</td>
</tr>
<tr>
<td>2</td>
<td>The child feels fear, or experiences anticipatory anxiety, that is at least sometimes uncontrollable in 2 activities or requires excessive reassurance.</td>
</tr>
<tr>
<td>3</td>
<td>The child feels fear, or experiences anticipatory anxiety, that is almost completely uncontrollable in most activities.</td>
</tr>
<tr>
<td>4</td>
<td>The child has not been in the anxiety provoking situation during the past 3 months because of avoidance, but the parent reports that the anxious affect would have occurred if the child had been in such a situation.</td>
</tr>
</tbody>
</table>

Codes

- CCC0I01 Intensity
- CCC0F01 Frequency
- CCC0D01 Duration
- CCC0O01 Onset

HOURS : MINUTES
**Definitions and questions**

**FREE FLOATING ANXIOUS AFFECT**
Anxiety not associated with any particular situation.

*Do you ever feel frightened without knowing why?*

How often does this happen?
How long does each episode of anxiety last?
When did it start?

**Coding rules**

**FREE FLOATING ANXIOUS AFFECT**

0 = Absent

1 = Fear is intrusive into at least one activity and uncontrollable at least some of the time.

2 = The child feels fear, or experiences free-floating anxiety that is at least sometimes uncontrollable in 2 activities or requires excessive reassurance.

3 = The child feels fear, or experiences free-floating anxiety, that is almost completely uncontrollable in most activities.

**Codes**

- CCC1I01 Intensity
- CCC1F01 Frequency
- CCC1D01 Duration
- CCC1O01 Onset

**HOURS : MINUTES**

---

**IF SITUATIONAL, FREE-FLOATING ANXIOUS AFFECT, WORRY ABOUT SCHOOL, SEPARATION ANXIETY OR NERVOUS TENSION PRESENT, CONT. OTHERWISE, SKIP TO "SELECTIVE MUTISM", (PAGE 20).**
STARTLE RESPONSE
Exaggerated startle response to minor stimuli. Do not include startling in response to situations that would make most people jump.

Startle response may also appear in PTSD section. If so, code in both places.

Do you startle easily?
What sort of things make you jump?

CONCENTRATION DIFFICULTIES
Difficulty in concentrating, or mind "going blank" when feeling anxious.

When you feel "anxious", is it hard for you to concentrate?
What happens?
Does your mind go blank?

EASY FATIGABILITY
Child becomes easily fatigued when anxious.

When you feel "anxious" do you get tired easily?
What happens?
When you’re "worried", "anxious," or frightened, does it affect you physically at all?
What do you notice?
Do your muscles tense up?
Do you get jumpy?
Keyed up?
On edge?
Do you get restless?

STARTLE RESPONSE
CCC2I01
Intensity
0 = Absent
2 = Startles to an exaggerated degree on slight provocation.

CONCENTRATION DIFFICULTIES
CCC3I01
Intensity
0 = Absent
2 = Concentration impairment sufficient to interfere with ongoing activities.

NUMBER OF DAYS IN THE LAST THREE MONTHS
CCC3F01

EASY FATIGABILITY
CCC4I01
Intensity
0 = Absent
2 = Feels fatigued after slight exertion but continues with tasks at hand.
3 = Fatigue leads to reduced performance of tasks at hand.

NUMBER OF DAYS IN THE LAST 3 MONTHS
CCC4F01
**ANXIOUS AUTONOMIC SYMPTOMS**

Autonomic symptoms accompanied by subjective anxious affect (occurs when child is frightened, worried or nervous).

*When you are "anxious" or frightened, does it affect you physically at all?*

What do you notice?

**Do your muscles get tensed up?**

**Do you get jumpy?**

Keyed up?
Agitated?
On edge?

**Do you get restless?**

Do you become more "wild" when you are scared or anxious?
**PANIC ATTACKS**

Panic attacks are discrete episodes of overwhelming subjective anxious affect and autonomic symptoms that reach a peak within 10 minutes of onset, and that the subject usually tries to terminate by taking some definite action, unless they are too "frozen" by panic to do so.

**Do you ever get panicky?**

*What happens then?*
*Does it affect you physically at all?*
*When does it happen?*
*Does it occur for no good reason?*
*Do you have to get out of the situation?*
*How long does it last?*
*What do you do?*
*Do you try to avoid situations where you might get panicky?*
*When did it start?*

---

**FREE FLOATING**

0 = Absent
2 = Panic attack unassociated with any particular situation.

**SITUATIONAL**

0 = Absent
2 = Panic attack that occurs in certain situations/environments.

**IF NO PANIC ATTACKS, SKIP TO "COMPULSIONS", (PAGE 5).**
**Definitions and questions**

**DEREALIZATION DURING PANIC ATTACK**

The subject experiences his/her surroundings as unreal; everything may seem colorless, artificial, or dead.

*When you got panicky, did you feel that things around you didn't seem real?*

*Or that it was like a stage set with people acting like robots instead of being themselves?*

*What was it like?*

**DEPERSONALIZATION DURING PANIC ATTACK**

The subject feels as if s/he is unreal, that s/he is acting a part, that s/he is detached from his/her own experiences.

*When you got panicky, did you feel as if you weren't real?*

*Did you feel like you were acting your life instead of being natural?*

*Did you feel that you were outside your body looking at yourself from outside your body?*

**FEAR OF LOSS OF CONTROL DURING PANIC ATTACK**

Subject feels as though "going crazy" or is afraid of losing control over body or mind (e.g. urinating in public, falling down, creating a "scene").

*When you got panicky, were you afraid of what you might do?*

*That you might fall down, or create a "scene"?*

*Did you feel like you were going crazy?*

*Or losing control of your mind?*

**FEAR OF DYING DURING PANIC ATTACK**

Subject feels as though s/he might die, or is afraid that s/he might die.

*When you got panicky, were you afraid that you might die?*
CONCERN ABOUT ADDITIONAL PANIC ATTACKS
Concern, worry, or anxious affect related to the possibility that another panic attack may occur.

Are you worried about having another “panic attack”?
Does it bother you much?

CHANGE IN BEHAVIOR
Any change in usual behavior or routines, intended to avoid the possibility of a panic attack recurrence. Or changes in behavior or routine to avoid potential embarrassment or humiliation that the subject fears might result from a panic attack.

Have you done anything to avoid having anymore “panic attacks”?
Does that affect your life much?

WORRY ABOUT IMPLICATIONS
Worry or anxious affect related to possible secondary consequences of having another panic attack.

Do not include such worries or fears during a panic attack which are coded under Fear of Loss of Control During Panic Attack.

Have you been worried about what might happen if you had another “panic attack”?
What do you think might happen?
Have you been afraid that you might die?
Or go crazy?
Or lose control?

IF PANIC NOT PRESENT, SKIP TO "COMPULSIONS", (PAGE 5).
Definitions and questions

ANXIOUS AUTONOMIC SYMPTOMS IN PANIC ATTACKS
Autonomic symptoms accompanied by subjective anxious affect.

When you’re “worried,” “anxious,” or frightened, does it affect you physically at all?

What do you notice?
Do you get dizzy, giddy, or faint?
Does it affect your breathing?
How?
Does it affect your heart?
Do you get a pain in your chest?
Do you get sweaty?
Or feel sick?

Coding rules

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</table>
Definitions and questions

**Does it affect your stomach?**

**Do you get shaky or twitch?**

**Do you get flushed?**

**Do you get chills?**

**Do you have funny feelings in your fingers or toes?**

**Does your stomach churn?**

Does it only happen in certain situations? 
Or can it happen any time?

---

**BUTTERFLIES/PAIN IN THE STOMACH**

0 = No  
2 = Yes  

**TREMBLING/SHAKING/TWITCHING**

0 = No  
2 = Yes  

**FLUSHING OR CHILLS**

0 = No  
2 = Yes  

**PARAESTHESIAE**

0 = No  
2 = Yes  

**ABDOMINAL CHURNING**

0 = No  
2 = Yes  

---

**SELECTIVE MUTISM**

Reluctance or inability to speak to certain persons or in certain situations, while able to speak adequately to other people in other situations. A change in speaking ability is selective in certain situations.

**Are there some situations in which you find you can't talk?**

**Or some people you can't talk to?**

Why is that?  
What happens then?  
When did it start?  
What happens when you are encouraged to speak up?
RUMINATIONS, OBSESSIONS, AND
COMPULSIONS
Painful, recurrent, repetitive ideas, thoughts, or images that the subject experiences as intrusive and unwanted. Subject regards these as being incompatible with his/her image of him/herself as a person, but does not regard these as being external implants.

IF OBSESSİONAL THOUGHTS, OBSESSİONAL RITUALS, OR COMPULSIONS ARE PRESENT, ASK ABOUT OBSESSİONAL SLOWNESS. OTHERWISE,, SKIP TO "OBSESSİONAL SLOWNESS", (PAGE 7).
OBSESSIONAL THOUGHTS
Painful, recurrent, repetitive ideas, thoughts, or images that the subject experiences as intrusive and unwanted. Subject regards these as being incompatible with his/her image of him/herself as a person, but does not regard these as being external implants.

Do you have thoughts that get stuck in your mind that you can't get rid of?

Do you have any awful or ridiculous thoughts that keep coming back into your mind even though you don’t want them to?

What kind of thoughts are they?
Do you have any silly thoughts or words that won’t go away?
Do you have any special things you think about to get rid of horrible things in your mind?

What are they?
Do you have to count things over and over?

Do you have thoughts you have to think in a certain way?

Do you feel uncomfortable if you can’t think these thoughts just right?
What makes you do it?

Do you try and make the thoughts go away?
Do they interfere with other things you want to think about?
Can you do anything about it?
Do you try not to think about them?
How long do they go on for?
When did they start?

OBSESSIONAL THOUGHTS
0 = Absent
2 = Obsessional thoughts are intrusive into at least 2 activities and uncontrollable at least sometimes.
3 = Obsessional thoughts are intrusive into most activities and almost always uncontrollable.

HOME
CCD3F01 Home Frequency

DAYCARE/SCHOOL
CCD3F02 Daycare/School Frequency

ELSEWHERE
CCD3F03 Elsewhere Frequency

HOURS : MINUTES
CCD3D01 Duration

RESISTANCE NOT MEETING CRITERIA FOR OBSESSIONAL RITUALS
0 = Absent
2 = Subject tries to resist thinking the obsessional thought at least sometimes.
3 = Subject usually tries to resist.
**OBSESSIONAL RITUALS**

Recurrent, repetitive ideas, thoughts, images, or mental rituals engaged in to reduce or extinguish the mental discomfort generated by Obsessional Thoughts. Performed despite being regarded as excessive, unreasonable, pointless, or absurd.

Occasionally mental rituals may be performed but the subject is unable or unwilling to describe clear Obsessional Thoughts. Such mental rituals may be coded as Obsessional Rituals provided they meet the other criteria for an Obsessional Ritual.

<table>
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**CONTENT OF OBSESSITIONAL THOUGHTS**

Code the theme or content of the Obsessional Thoughts. More than one type may be present, in which case code both or all.

IF OBSESSITIONAL THOUGHTS ARE ASSOCIATED WITH TRAUMATIC EVENTS, CODE THERE ALSO.
COMPULSIONS
Repetitive, purposeful, and intentional acts associated with a subjective feeling of compulsion arising within the subject and not forced by any external power or agency, performed despite being regarded as excessive, unreasonable, pointless, or absurd.

Do you have to check things more than other people?
Are there any things you feel you have to do?
Like touching things in a certain way?
Or washing over and over again?
Do you spend a lot of time putting things in a special order?
Or arranging things so that they are just right?
Do you have any routines or rituals that you have to do?

What do you do?
What are you afraid will happen?
Do you feel uncomfortable if you don't "do compulsion" just right?
Are you worried about dirt or germs?
What do you do about it?

Why do you do it?

What makes you do it?
How long do you do it for?
Does you try not to do it?
When did it start?

IF A CLEAR EXTERNAL FORCE IS REPORTED AS BEING THE MOTIVATOR OF COMPULSIVE BEHAVIOR, CODE UNDER DELUSIONS AND DELUSIONAL INTERPRETATIONS (PSYCHOSIS SECTION)

Coding rules

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Ruminations, Obsessions, and Compulsions

5
### Definitions and questions

**Do you try not to do it?**
*What happens then?*

<table>
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<td>2 = Subject tries to resist performing the compulsive act at least sometimes.</td>
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</tr>
<tr>
<td>3 = Subject usually tries to resist.</td>
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<td><strong>CHECKING (AT LEAST 3 TIMES)</strong></td>
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<td><strong>OTHER</strong></td>
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<td>2 = Present</td>
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</table>
OBSESSIONAL SLOWNESS
Normal actions take an unreasonable amount of time due to internal concerns to do things "correctly" or due to obsessional thought patterns.

Do not include slowness by rituals themselves. Minor degrees of slowness are not rated here.

**Do you get slowed down by having to think certain things?**

**Or are you very slow for other reasons?**

Why is that?
What can you do about it?
Is it because of your having to think certain thoughts or do certain things?
How long does it last?
When did you start to get slowed down like that?

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<td><strong>OBSESSIONAL SLOWNESS</strong></td>
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<td>2 = Obsessional slowness intrusive into at least 2 activities that at least sometimes cannot be overcome.</td>
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<tr>
<td>3 = Obsessional slowness affecting most activities that can hardly ever be overcome.</td>
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</table>
Definitions and questions

**DEPRESSED AFFECT**

*N.B. GET EXAMPLES OF BEHAVIOR AND CONSIDER CODING FOR INCAPACITY*

**DEPRESSED MOOD**

Feelings of low mood. Includes feeling unhappy, miserable, blue, low spirited, being down in the dumps or dejected.

Distinguish from other unpleasant affects e.g. Nervous Tension or Anxiety, Apathy and Anhedonia. It is also important to make sure that it is the mood itself that is being rated and not its "expected" concomitants (such as apathy, self depreciation or crying). Items such as these are rated separately. If they are used as evidence of depression as well, spurious relationships will be generated by the interviewer.

*Have you been feeling "down" at all?*

*Have you been acting very unhappy, or depressed?*

Have you cried at all because of this feeling?
What was that like?
Was it serious?
If I had seen you then would I have been able to tell?
What made you feel "miserable"?

How much of the time do you feel like that?
Is that on your mind all the time?
Or only some of the time?
What happens when you're doing something else?

When you feel "miserable", how long does it last?
When did it start?

IF PRESENT, ASK;

*Was there a week when you felt "miserable" most days?*

*Were there two weeks when you were "miserable" on at least 8 days?*

IF DEPRESSED MOOD PRESENT, ASK;

*Has there been a period of at least 2 months in the last year when you didn’t feel like that?*
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
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</thead>
<tbody>
<tr>
<td><strong>IF &quot;DEPRESSED MOOD&quot; IS PRESENT, CONTINUE. OTHERWISE, SKIP TO &quot;REPORTED TEARFULNESS AND CRYING&quot;, (PAGE 6).</strong></td>
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**DISTINCT QUALITY OF DEPRESSED MOOD**

Depressed mood has a subjectively different quality from sadness. Thus the rating should be contrasted with an experience that caused sadness, such as loss of a pet or watching a very weepy film.

Check that the provoking situation is one that is appropriate for sadness. Prompt on such situations if necessary.

*Is it different from the feeling you get when something sad happens or you see a sad tv show or movie?*

*Is your feeling "depressed" like that or does it feel different?*

*Can you tell me how it is different?*

**ALLEVIAATION OF DEPRESSED MOOD BY SELF-GENERATED MEANS**

Alleviation of depressed mood refers to means that the child may find effective in alleviating his/her depressed mood.

Alleviation by self generated means: The child alleviates mood by actively involving him/herself in other thoughts or activities.

N.B.: BOTH ALLEVIATION BY SELF-GENERATED MEANS AND EXTERNAL MEANS MAY BE PRESENT.

N.B.: ALLEVIATION NOT APPLICABLE IF SUBJECT RATED 0 OR 3 ON "DEPRESSED MOOD". IF "DEPRESSED MOOD" IS NOT PRESENT AS DEFINED IN THE GLOSSARY, IT CANNOT BE RELIEVED. IF THE DEPRESSED MOOD IS PRESENT AT AN INTENSITY LEVEL 3 THEN IT IS, BY DEFINITION, ESSENTIALLY UNALLEVIABLE. CODE AS "NEVER EMPLOYED".

*When you felt "miserable", could anything cheer you up?*

*How long would it cheer you up for?*

*Or make you feel better?*

*How much of the time would things "cheer" you up?*

*Could you do anything to "cheer yourself up"?*

*What?*

*How much of the time does that work?*
Definitions and questions

**ALLEVIATION OF DEPRESSED MOOD BY EXTERNAL MEANS**

Alleviation of depressed mood refers to means that the child may find effective in alleviating his/her depressed mood.

Alleviation by external means: The mood is alleviated by a more passive process in which other activities or events occurring without the child's willful use of them for this purpose alleviated depressed mood.

N.B.: BOTH ALLEVIATION BY SELF-GENERATED MEANS AND EXTERNAL MEANS MAY BE PRESENT.

N.B.: ALLEVIATION NOT APPLICABLE IF SUBJECT RATED 0 OR 3 ON "DEPRESSED MOOD". IF "DEPRESSED MOOD" IS NOT PRESENT AS DEFINED IN THE GLOSSARY, IT CANNOT BE RELEIVED. IF THE DEPRESSED MOOD IS PRESENT AT AN INTENSITY LEVEL 3 THEN IT IS, BY DEFINITION, ESSENTIALLY UNALLEVIABLE. CODE AS "NEVER EMPLOYED".

*When you feel “miserable,” can other people do anything to cheer you up?*

*Do you cheer up when you take part in an activity?*

*Like playing with other children?*

*Or going out for ice cream or a treat?*

*How much of the time would things “cheer” you up?*

**DIURNAL VARIATION OF MOOD - AM WORST**

Depressed mood is consistently worse in the first half of the day, irrespective of external events.

The parent must report a difference in the intensity of the depressed mood that is of a degree noticeable to others.

*Is there any time of the day when you feel more "depressed" or "sad" than others?*

*Do you feel more “depressed” in the morning/evening?*

*How long does the worst time last?*

*How would anybody know that you felt like that?*
DIURNAL VARIATION OF MOOD - PM WORST
Depressed mood is consistently worse in the second half of the day, irrespective of external events.

The parent must report a difference in the intensity of the depressed mood that is of a degree noticeable to others.

Is there any time of the day when you feel more "depressed" than others?

Do you feel more "depressed" in the morning/evening?
How long does the worst time last?
How would anybody know that you felt like that?

SUBJECTIVE AGITATION
Markedly changed motor activity associated with depressed mood. Account of a severe level of inappropriate, unpleasant motor restlessness during a period of dysphoric mood, indicated by pacing, wringing of hands, or similar activities; with a total daily duration of at least 1 hour.

DO NOT INCLUDE SIMPLE RESTLESSNESS OR FIDGETINESS IN THE ABSENCE OF MOOD CHANGE.

Do you get very restless when you’re "miserable?"
Do you have difficulty keeping still when depressed?

What is that like?
Can you keep yourself still?
Do you have to move around?
What do you do?
Are you always like that?
How about when you’re not "miserable"?
How long does it last?
When did the "agitation" start?

Are you always like that?
How about when you’re not "miserable"?

How long does it last?
When did the "agitation" start?
**Reported Tearfulness and Crying**

Eyes filling with tears or actual shedding of tears as a response to an internal state of unhappiness or misery.

Do not rate crying precipitated by usual precipitants (such as sad situations or anger or being spanked or disciplined).

**Do you ever feel so "miserable" that you want to cry?**

What happens then?

**Do you actually cry?**

Can you stop yourself? What do you do?

How long does it last? When was the last time? Tell me about it. Do you cry more easily than you used to? Do you cry more than other people?

When did you start being tearful?

### Coding rules

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<td>Duration</td>
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<tr>
<td>CDA4O01</td>
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</tbody>
</table>

### Codes

- 0 = Absent
- 2 = When feeling miserable, the eyes fill with tears, or shed tears, at least sometimes uncontrollably, in at least 2 activities.
- 3 = When feeling miserable, the eyes nearly always uncontrollably fill with, or shed, tears in most activities.

---

**Touchy or Easily Annoyed**

The child is generally more prone to feelings of anger, bad temper, short temper, resentment, sulking or annoyance, under minor provocation than most children. This pattern need not represent a change in behavior.

**Do things get on your nerves easily?**

What sorts of things? Do you get annoyed more easily than most people, do you think?

What do you do? How often does that sort of thing happen? How long have you been like that?

### Coding rules

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### Codes

- 0 = Absent
- 2 = Present
ANGRY OR RESENTFUL
The child is generally more prone to MANIFESTATIONS of anger or resentment (such as snappiness, shouting, quarreling or sulking) under minor provocation, than most children.

This pattern need not represent a change in behavior.

**Do you get angry very often?**

How often?
What happens?
How often does that happen?

**Do you get “sulky” or “pout”?**

How often?
What do you do?
How often does that happen?

How long have you been like that?

**Coding rules**

**ANGRY OR RESENTFUL**

0 = Absent
2 = Present

**HOURS : MINUTES**

**Codes**

CDA7I01
Intensity
CDA7O01
Onset
CDA7F01
Frequency
CDA7D01
Duration
IRRITABILITY

Increased ease of precipitation of externally directed feelings of anger, bad temper, short temper, resentment, or annoyance. (Change may predate the primary period and continue into at least part of the primary period.)

Note that this rating is of a change in the child's usual liability to be precipitated into anger, it does not refer to the form of the anger once it has been precipitated.

N.B.: The irritable mood itself is being rated, not just its manifestations; thus, frequency and duration ratings refer to the number and length of episodes of the mood, not of the episodes of snappiness, shouting or quarrelsomeness.

N.B. INFORMATION OBTAINED HERE MAY ALSO BE RELEVANT TO LOSING TEMPER AND TEMPER TANTRUMS.

Have you been more irritable than usual in the last 3 months?

Or made angry more easily?

What have you been "touchy" about?
Is that more than usual?
What do you do when you feel like that?
Do you keep it to yourself?

How long does it last when you feel like that?
Have you been snappy with friends or family members?
Have you gotten into arguments lately?
What has happened?
What did you say?
What did you do?
Have you hit or broken anything when you were angry?

When did you start to get "irritable" like that?

IF PRESENT, ASK;

Was there a week when you felt "irritable" most days?
Were there two weeks when you were "irritable" on at least 8 days?

IF IRRITABILITY PRESENT ASK;

Has there been a period of at least 2 months in the last year when you didn't feel like that?

IF PRESENT, ASK;

In the last 3 months has there been a week when you were irritable like that every day?

IF IRRITABLE PRESENT FOR A WEEK (7 CONSECUTIVE DAYS), REMEMBER TO COMPLETE
THE MANIA SECTION.

LOSS OF AFFECT
Complaint of loss of a previously existing ability to feel or experience emotion.

*Have you felt that you didn’t have any feelings (emotions) left?*

*Or that you had lost your feelings?*

*Had your feelings gone completely?*  
*Could you feel any emotions?*  
*When did you start to lose your feelings?*

CONATIVE PROBLEMS

BOREDOM
Activities the child is actually engaged in are felt to be dull and lacking in interest while interest in other possible potential activities is expressed.

Everyone gets bored sometimes, so code a child positively here only if s/he is more often bored than not. But code positive even if the activities are truly dull. It must seem to the child that other potential activities would be of interest even if s/he is uncertain what those other activities might be.

Differentiate from anhedonia and loss of interest, where nothing seems to be of potential interest or likely to give pleasure.

Code even if the activities described are truly boring in your opinion.

*How much of the time are you bored?*

*Do you get bored more than other people?*  
*IF PRESENT ASK,*

*What can you do to stop yourself from being bored?*  
*What do you do?*  
*What would you like to be doing?*  
*How long have you been feeling so bored?*
**LOSS OF INTEREST**

Diminution of the child's interest in usual pursuits and activities.

Either some interests have been dropped or the intensity of interest has decreased. Everyone has interests of some sort, but the extent of the diminution must be measured in the context of the range and depth of the child's usual activities. Take into account everyday daycare/school and home activities as well as watching TV, playing games, taking an interest in clothes, food, appearance, toys, etc. Inevitably, those with more intense and varied interests initially will have more room to lose interest than those who have never taken a great interest in things.

Distinguish from "growing out" of activities or giving up certain activities to take up new ones or because of increased pressure of work.

**NOTE INFORMATION FROM THE OUT OF SCHOOL ACTIVITIES SECTION**

*Have things been interesting to you as much as they used to?*

*Have you lost interest in anything?*

IF PRESENT ASK;

*What kinds of things have you lost interest in?*

*Can you get interested in anything?*

*When did you start to lose interest in things?*
**ANHEDONIA**

A partial or complete loss or diminution of the ability to experience pleasure, enjoy things, or have fun. It also refers to basic pleasures like those resulting from eating favorite foods.

Anhedonia concerns the mood state itself. Loss of Interest, Loss of Initiative, Lack of Protest, inability to engage in activities, or loss of the ability to concentrate on looking at books, games, TV or school may accompany Anhedonia, so the interviewer may code different aspects under different items. Do not confuse this item with a lack of opportunity to do things or to excessive parental restriction. Comparison should be made with enjoyment when the child is normal. This may not be accessible in episodes of very long duration.

DISTINGUISH FROM BOREDOM AND LOSS OF INTEREST OR LACK OF OPPORTUNITIES FOR PARTICIPATION.

**Can you have fun or enjoy yourself?**

**Are there things you used to enjoy but don’t anymore?**

**Do you feel that you can’t enjoy things anymore?**

**What things are fun (or enjoyable) now?**

**When did you start to feel like that?**

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANHEDONIA</strong></td>
<td>CDB2I01 Intensity</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Generalized diminution in pleasure taken in normally pleasurable activities.</td>
<td></td>
</tr>
<tr>
<td>3 = Almost nothing gives pleasure.</td>
<td>CDB2O01 Onset</td>
</tr>
<tr>
<td>/ /</td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

SUBJECTIVE ANERGIA
The child is markedly lacking in energy compared with usual state. The child is described as being easily fatigued and/or excessively tired. This is a general rating of child’s overall energy level.

DIFFERENTIATE FROM MOTOR SLOWING (NEXT PAGE), AND FATIGABILITY (SLEEP SECTION), ALTHOUGH YOU MAY DOUBLE CODE IF CRITERIA FOR MORE THAN ONE ARE MET.

Have you been feeling energetic?
Do you have as much energy as you used to have?
Or have you lost any of your usual energy?

Have you been feeling a lack of energy?
Do you have enough energy to do things?
Do you put things off because you haven’t got enough energy?
How has that bothered you?

When did you start feeling less energetic?

SUBJECTIVE MOTOR SLOWING
The child is slowed down in movement AND speech compared with his/her usual condition.

Have you been moving more slowly than you used to?
Do you do things more slowly than you used to?
Or talk more slowly?

Would other people notice?
Can you give me an example?

How long does it last?
Can you do anything to speed yourself up?
What?
When did you start to feel slowed down?

When did you start to feel slowed down?

Coding rules

ANERGIA
0 = Absent
2 = A generalized listlessness and lack of energy.
3 = A report of being almost completely without energy.

CDB3I01
Intensity

CDB3O01
Onset

MOTOR SLOWING
0 = Absent
2 = Slowing present and cannot be overcome in at least 2 activities.
3 = Slowing present and cannot be overcome in almost all activities.

CDB4I01
Intensity

CDB4F01
Frequency

CDB4D01
Duration

CDB4O01
Onset

HOURS : MINUTES

Depression 12
Definitions and questions

**SUBJECTIVE COMPLAINTS ABOUT THINKING**

**INEFFICIENT THINKING**

Unpleasant difficulty with thinking clearly or efficiently, or concentrating, even about simple matters; daily total duration of at least 1 hour.

*Do your thoughts get muddled or confused easily?*

How long has it been like that?
Can you think clearly if you need to?
Does it cause you any trouble? What?
When did you start to have trouble with your thinking? Is there any interference with your thoughts?

**INDECISIVENESS**

Unpleasant difficulty in reaching decisions, even about simple matters. This is a general rating of child's ability to make decisions.

*What about decisions; are you good at making decisions (making up your mind)?*

Why not?
*Have you had any trouble making decisions?*

Why?
When was the last time you had that sort of trouble?
What happens when you have to make up your mind?
Can you remember the last time that happened?
Have you always been like that?
Does it cause you any trouble?
What?

Coding rules

<table>
<thead>
<tr>
<th>Inefficiency Thinking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intensity</strong></td>
</tr>
<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = Sometimes uncontrollable in at least 2 activities</td>
</tr>
<tr>
<td>3 = Almost always uncontrollable and occurring in relation to almost all situations where clear thinking required</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indecisiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intensity</strong></td>
</tr>
<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = Sometimes uncontrollable in at least 2 activities</td>
</tr>
<tr>
<td>3 = Almost always uncontrollable and occurring in relation to almost all decisions</td>
</tr>
</tbody>
</table>
SUBJECTIVE RUSHING THOUGHTS
Subjective, unpleasant sensation of thoughts passing through the mind at an abnormal speed, being too fast; lasting at least 1 hour in daily total.

Do your thought ever go too fast?

What is that like?
Is it unpleasant?

SUBJECTIVE SLOWED THOUGHTS
Subjective, unpleasant sensation of thoughts passing through the mind at an abnormal speed, being too slow; lasting at least 1 hour in daily total.

Do your thoughts ever go too slow?

What’s that like?
Is it unpleasant?
In the definitions in this section the term “feeling” is frequently used, despite the fact that cognitions are being referred to. For most people, the term “feeling” carries both cognitive and affective components. However, these items refer not to mood states per se, but to certain cognitions, thoughts, opinions or attitudes. In other words, it is the content of the thought that is to be coded, not its affective tone.

**LONELINESS**

A feeling of being alone and/or friendless, regardless of the justification for the feeling.

Adult contacts and peer friendships should be considered. Differentiate from feeling unloved. A child may be lonely but still acknowledge being loved and vice versa.

**NOTE RELEVANT INFORMATION FROM PEER RELATIONSHIPS.**

*Do you ever feel lonely?*

How often is that?
When was the last time?
What did that feel like?

*Do you have friends who would help you if you needed help?*

Do they care about you?
Do you feel lonely even though you’ve got some friends?
Would they want to help you if you needed help?
Do you get left out by others?
Do you get left out of your friends’ activities?
How do you feel about that?
Do you think that’s likely to change?

*When did you start to feel lonely like that?*
**FEELS UNLOVED**
A generalized feeling of being unloved and uncared for, regardless of the justification for that feeling.

DIFFERENTIATE FROM LONELINESS.

RELEVANT INFORMATION TO CODE THIS ITEM MAY HAVE EMERGED IN THE FAMILY LIFE AND RELATIONSHIPS SECTION.

*Is there anyone who loves you?*
*Who?*
*How do you know?*
*What about your parents?*
*Has it always been like that?*
*Will it always be like that?*
*How do you know?*
*When did you start to feel like that?*

**Coding rules**

- **FEELS UNLOVED**
  - 0 = Absent
  - 2 = The subject feels that there are others who love him/her but that s/he is loved or cared for less than other people.
  - 3 = The subject feels that almost no one loves him/her, or hardly ever believes that anyone does.

**Codes**

- CDC0001
  - Intensity
  - / /
SELF-DEPRECIATION AND SELF-HATRED

An unjustified feeling of inferiority to others (including unjustified feelings of ugliness). Self-hatred involves severe hostility directed by the child against him/herself, accompanied by expressed dislike or expressed criticism.

Do not rate delusional phenomena here.

How do you feel about yourself?

Do you like yourself?

How do you feel about your appearance (looks)?
What are you like compared with others?
If you had to choose, would you say you were good-looking, average, or ugly?

How ugly do you think you are?
Are you much worse-looking than most people?
How much of the time do you feel like that?
Is there anything that you are good at?
What are you like compared with others?
As a person are you as good as other people?

Are you good at all?
Do you think you’re no good? ... at anything?
Is everyone better that you are?
Do you think you will ever be any better?
Do you think that all the time or only part of the time?
What things do you do that you are proud of?

When did you start to feel like that?

SELF-DEPRECIATION

<table>
<thead>
<tr>
<th>CDC101</th>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = The subject rates him/herself lower than seems justified, but does not see him/herself as being completely without value, since in some activities s/he does not feel inferior.</td>
<td></td>
</tr>
<tr>
<td>3 = The subject feels almost entirely worthless and without saving graces, in nearly all activities, or inferior to everyone. Self-hatred is also rated here.</td>
<td></td>
</tr>
</tbody>
</table>

CDC1001

Onset / /
### FEELING SORRY FOR ONESELF

A feeling that life or people have been unfairly unpleasant or troubling and that the child deserves better. Child feels unlucky, victim of "bad luck".

Code regardless of justification.

**Do you think that life has been fair to you?**

**Do you think you deserve better?**

- In what way?
- Do you feel like that all the time or only some of the time?
- Is everything unfair or just some things?
- Do you deserve a better deal?
- Will it always be like that?
- When did you start to feel that life hasn't been fair to you?

When did you start to feel like that?

### PATHOLOGICAL GUILT

Excessive self-blame for minor or non-existent wrongdoings. Child realizes that guilt is exaggerated (otherwise, code as Delusions of Guilt).

**Do you feel bad or guilty about anything that you've done?**

- What?

How often do you feel like that?

When was the last time?

**Do you blame yourself at all?**

**Do you deserve to have bad things happen to you?**

- Do you think you deserve punishment?
- Why?
- Do you ever feel guilty about things that you know aren't really your fault?
- Do you feel that a lot of things that go wrong are your fault?
- What?
- How guilty do you feel?

**IF PATHOLOGICAL GUILT IS PRESENT, CONSIDER DELUSIONS OF GUILT.**

When did you start to feel that you were "to blame"?

### Codes

<table>
<thead>
<tr>
<th>CDC2I01</th>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>The subject feels sorry for him/herself but thinks that some aspects of life have not been unfairly troubling or unpleasant.</td>
</tr>
<tr>
<td>3</td>
<td>The subject thinks that nothing has occurred according to his/her just desserts, and feels sorry for him/herself in nearly all situations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CDC2O01</th>
<th>Onset</th>
</tr>
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<tbody>
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<td>/</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CDC3I01</th>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>At least partially unmodifiable excessive self-blame not generalized to all negative events.</td>
</tr>
<tr>
<td>3</td>
<td>The child generalizes the feeling of self-blame to almost anything that goes wrong in his/her environment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CDC3O01</th>
<th>Onset</th>
</tr>
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<td></td>
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</tbody>
</table>
**DEFINITIONS AND QUESTIONS**

**DELUSIONS OF GUILT**

Delusional self-blame for minor or non-existent wrongdoing. Child DOES NOT realize that guilt is exaggerated.

The child may believe that s/he has brought ruin to his/her family by being in his/her present condition or that his/her symptoms are a punishment for not doing better. Distinguish from pathological guilt without delusional elaboration, in which the child is in general aware that the guilt originates within him/herself and is exaggerated.

_Do you believe that you have committed a crime?_  
Or sinned greatly?  
_Do you deserve to be punished?_  
_Do you think that you might hurt or ruin other people?_
IDEAS OF REFERENCE

Subjective feeling of being noticed or commented about in public settings that are not justified by reality.Comments seem to be mocking, critical, or blaming. Do not include situations in which the description offers evidence that subject actually was being noticed or commented upon.

IF IDEAS OF REFERENCE ARE PRESENT, CONSIDER WHETHER THERE ARE DELUSIONS.

Sometimes people get the feeling that other people are looking at them even when they know they aren’t really. Does that happen to you?

When was the last time?
Can you tell me about that?
What do you think people think or say when you feel that they’re noticing you?
Do you ever feel that people are talking about you?

Do you ever feel they might be laughing at you or saying rude things about you?
Do people follow you or watch you?
How do you know they are?
Are you just being sensitive?
Are you imagining it?
Are people blaming you for something? What?
Are people accusing you of something? What?
How do you know they are?
What do they do?
Do you think they really are or are you just being sensitive?
Are you imagining it?

When did you first notice it?

How long does it last when you feel like that?
When did you first start feeling like that?

### Definitions and questions

**IDEAS OF REFERENCE**

Subjective feeling of being noticed or commented about in public settings that are not justified by reality. Comments seem to be mocking, critical, or blaming. Do not include situations in which the description offers evidence that subject actually was being noticed or commented upon.

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Sometimes people get the feeling that other people are looking at them even when they know they aren’t really. Does that happen to you?

When was the last time?
Can you tell me about that?
What do you think people think or say when you feel that they’re noticing you?
Do you ever feel that people are talking about you?

Do you ever feel they might be laughing at you or saying rude things about you?
Do people follow you or watch you?
How do you know they are?
Are you just being sensitive?
Are you imagining it?
Are people blaming you for something? What?
Are people accusing you of something? What?
How do you know they are?
What do they do?
Do you think they really are or are you just being sensitive?
Are you imagining it?

When did you first notice it?

How long does it last when you feel like that?
When did you first start feeling like that?

### Coding rules

<table>
<thead>
<tr>
<th>IDEAS OF REFERENCE</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>CDCS101 Intensity</td>
</tr>
<tr>
<td>2 = Simple ideas of reference</td>
<td>CDCS101 Frequency</td>
</tr>
<tr>
<td>3 = Guilty ideas of reference</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOURS : MINUTES</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDCS201 Duration</td>
<td></td>
</tr>
<tr>
<td>CDCS001 Onset</td>
<td></td>
</tr>
</tbody>
</table>
HELPLESSNESS
The child feels that there is little or nothing s/he can do to improve his/her situation or psychological state, though such a change would be welcome. This is a generalized feeling.

*Is there anything about the way things are, or the way you are that you would like to change?*

*IF PRESENT ASK;*

*Is there anything you could do to make things better?*

*Or make yourself feel better?*

What?
Would it work, do you think?

*When did you start to feel you couldn't do anything to improve your situation?*

HOPELESSNESS
The child has a bleak, negative, pessimistic view of the future, and little hope that his/her situation will improve. This is a generalized feeling.

*What do you think the future will be like?*

*Will things get better for you? Or worse?*

Do you think anyone can help you?
Will things be better when you're grown up?
Do you feel hopeless about the future?
In what way?
How often do you feel like that?
Can you do anything about it?
When did you start to feel that the future didn't hold good things for you?

HELPLESSNESS
0 = Absent
2 = The subject feels helpless and cannot always modify his/her feelings, but can report expectations of being able to help him/herself.
3 = The subject expresses almost no hope of being able to help him/herself.

HOPELESSNESS
0 = Absent
2 = The subject feels hopeless and cannot always modify his/her feelings, but can report some positive expectations of the future.
3 = The subject expresses almost no hope for the future at all.
SUICIDE

Purposes of the Section

This section has 1 major function:

(1) To assess the suicidal and self injurious intentions and actions of the child.

Organization of the Section

The section is organized in 2 sub areas:

(1) Suicidal ideation and behavior.

(2) Non suicidal deliberate self harm.

SUICIDE AND SELF-INJURIOUS BEHAVIOR

Do you ever think about death or dying?

Have you ever thought you couldn’t go on any longer?

Have you ever thought life was not worth living?

Have you ever wished you were dead?

Have you thought of hurting yourself?

Have you ever thought about ending it all?

When was that?

Have you felt like that in the past 3 months?

Have you ever tried to hurt or kill yourself?

When?

Why was that?

What happened?

Have you tried more than once?

Have you ever done anything that made people think you wanted to die?

What?

When was that?

What happened?
THINKING ABOUT DEATH

Thoughts about death and dying, whether referred to self or others.

Include thoughts about not being able to go on any longer and life not being worth living. Include discussion about a grandparent who has died ("Do they go to heaven?" "What will happen when I die?"). To code, thoughts must be intrusive into at least two activities.

CODE THOUGHTS ABOUT TAKING ONE’S OWN LIFE UNDER SUICIDAL THOUGHTS (NEXT PAGE).

What do you think about?
How much do you think about it?
Do you sometimes wish you were dead?
Do you want to die?
Why do you feel like that?

How long have you been thinking like that?

SUICIDAL THOUGHTS

Thoughts specifically about killing oneself, by whatever means, with some intention to carry them out.

This may accompany thinking about death in general, or may be present if a child has reported a suicidal plan or past attempt.

Do not include suicidal plans.

Do you ever think about ending it all?

When was the last time?
What do you think about?
Are you actually going to do that?

IF SUICIDAL THOUGHTS NOT PRESENT, SKIP TO "SUICIDAL ATTEMPTS", (PAGE 24).
**SUICIDAL PLANS**
Suicidal thoughts that contain plans of a suicidal act and some intent to carry them out.

If suicidal attempt has been made, determine whether a plan was present prior to the attempt.

**Have you thought about actually killing yourself?**

*Have you thought what you might do?*
*Are you going to do this?*
*Have you done anything to prepare for killing yourself? What?*

**SUICIDAL ATTEMPTS**
Episodes of deliberately self-harmful behavior involving some intention to die at the time of the attempt. Rate here, no matter how unlikely the attempt was to cause death, so long as the child’s intention was to die. If parent unsure about intention to die, code if the parent can describe a clear self-harmful event.

**Have you ever actually tried to kill yourself?**

*What happened?*  
*Where did you do it?*  
*Were there any people around at the time? how were you feeling?*  
*Did you really want to die?*  
*Who found you?*  
*Did you go to the hospital?*

*When did you first try to kill yourself?*
*When did you last try to kill yourself?*
*How many times have you tried?

*What do you think about it now?*  
*Would you do it again if you had the chance?*  
*Do you wish you were dead now?*

---

**SUICIDAL PLANS**
- **0 = Absent**
- **2 = A specific plan, considered on more than 1 occasion, over which no action was taken.**
- **3 = A specific plan, considered on more than 1 occasion, with preparatory action taken, for example storing up pills.**

**SUICIDAL BEHAVIOR**
- **0 = Absent**
- **2 = Present**

**DATE OF FIRST ATTEMPT**
**DATE OF LAST ATTEMPT**

**SUICIDAL BEHAVIOR IN LAST 3 MONTHS**
- **0 = Absent**
- **2 = Present**
### Definitions and questions

<table>
<thead>
<tr>
<th>Definitions and questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IF A SUICIDE ATTEMPT HAS (EVER)</strong></td>
</tr>
<tr>
<td><strong>BEEN MADE COMPLETE EVER:</strong></td>
</tr>
<tr>
<td><strong>METHOD, EVER: INTENT, AND EVER:</strong></td>
</tr>
<tr>
<td><strong>LETHALITY. IF ATTEMPT MADE IN THE</strong></td>
</tr>
<tr>
<td><strong>PAST 3 MONTHS, ALSO COMPLETE</strong></td>
</tr>
<tr>
<td><strong>ITEMS ABOUT THE RECENT</strong></td>
</tr>
<tr>
<td><strong>ATTEMPT(S): METHOD, INTENT, AND</strong></td>
</tr>
<tr>
<td><strong>LETHALITY.</strong></td>
</tr>
<tr>
<td><strong>IF NO SUICIDE ATTEMPTS MADE, SKIP</strong></td>
</tr>
<tr>
<td><strong>TO &quot;NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS&quot;, (PAGE 30).</strong></td>
</tr>
<tr>
<td><strong>FOR REVIEW ONLY</strong></td>
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</tbody>
</table>
EVER: METHODS OF SUICIDE ATTEMPT(S)
Methods of self harm used with the intention of ending life. Rate here, no matter how unlikely to cause death the attempt was, so long as the child's intention was to die.

SUICIDE ATTEMPTS PRESENT
0 = Absent
2 = Present

EVER: OVERDOSE OF PRESCRIPTION OR OVER-THE-COUNTER MEDICATION
0 = Absent
2 = Present

EVER: ILLICIT DRUG OVERDOSE
0 = Absent
2 = Present

EVER: HANGING
0 = Absent
2 = Present

EVER: STABBING/CUTTING
0 = Absent
2 = Present

EVER: SHOOTING
0 = Absent
2 = Present

EVER: RUNNING INTO TRAFFIC
0 = Absent
2 = Present

OTHER
0 = Absent
2 = Present
Specify

IF SUICIDE ATTEMPT(S) MADE IN THE LAST 3 MONTHS, COMPLETE METHODS OF SUICIDE ATTEMPT(S) (NEXT PAGE). OTHERWISE, SKIP TO "SUICIDAL INTENT", (PAGE 28).
METHODS OF SUICIDE ATTEMPT(S)

Methods of self harm used in the last 3 months with the intention of ending life. Rate here, no matter how unlikely to cause death the attempt was, so long as the child's intention was to die.

<table>
<thead>
<tr>
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<th>METHOD</th>
<th>DESCRIPTION</th>
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<td>HANGING</td>
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<tr>
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<td>STABBING/CUTTING</td>
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<td>CDD4106</td>
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<tr>
<td>CDD4107</td>
<td></td>
<td>Specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SUICIDAL INTENT
Code the highest level of suicidal intent manifested in an attempt. Do not include potentially self-injurious behavior without suicidal intent here.

Which time were you the most serious about killing yourself?
What did you do?
Did you really want to die?
IF ATTEMPT IN THE PAST 3 MONTHS, ASK;
Was you serious about killing yourself when you tried in the last 3 months?

LETHALITY OF SUICIDAL ATTEMPT
Code here the degree of threat to life resulting from the most serious suicidal attempt.

EVER: SUICIDAL INTENT
1 = Subject reports minimal intention to actually kill him/herself, but either revealed the attempt to others, or otherwise ensured that there was little risk to take his/her life.
2 = Substantial intent to kill self, but associated with ambivalence to a sufficient degree that the intention was not absolute.
3 = Absolute (or almost absolute) intention to commit suicide, expressed with little or no ambivalence or uncertainty. If uncertain whether to code 2 or 3, code 2.

EVER: LETHALITY OF SUICIDAL ATTEMPT
1 = Mild: No Medical attention needed or sought.
2 = Moderate: Some medical attention sought or required (e.g., sewing up cuts, stomach lavage).
3 = Serious: The attempt resulted in unconsciousness, the need for resuscitation, assisted respiration, blood transfusion, or operative intervention.

LETHALITY OF SUICIDAL ATTEMPT
1 = Mild: No Medical attention needed or sought.
2 = Moderate: Some medical attention sought or required (e.g., sewing up cuts, stomach lavage).
3 = Serious: The attempt resulted in unconsciousness, the need for resuscitation, assisted respiration, blood transfusion, or operative intervention.
Definitions and questions

ALCOHOL OR DRUG INTOXICATION AT TIME OF SUICIDE ATTEMPT
Alcohol or drug consumption prior to attempt sufficient for subject to be experiencing effects at time of attempt.

When you tried to kill yourself, had you had anything to drink?

Had you used any drugs?

Had you been sniffing glue?

How long was that before you tried to kill yourself?
Were you drunk?
Were you high?
Was the alcohol (drug) having any effect on you at the time you tried to kill yourself?

Were you drunk or high when you tried in the last 3 months?

"SUICIDAL" BEHAVIOR WITHOUT INTENT
Actions threatening suicide, without intention of ending life, e.g., taking a gun and threatening to shoot oneself, in order to control others’ behavior.

Have you done anything that made people think you wanted to die?
Why did you do it?
How many times have you done that in the last 3 months?
When was the first time?
Have you done anything that made people think you wanted to die in the last three months?

Coding rules

EVER: INTOXICATION AT TIME OF ATTEMPT
0 = Absent
2 = The subject had drunk alcohol or used drugs but was not showing marked effect at the time of the attempt.
3 = Definitely intoxicated, drunk or high at time of attempt.

INTOXICATION AT TIME OF ATTEMPT
0 = Absent
2 = The subject had drunk alcohol or used drugs but was not showing marked effect at the time of the attempt.
3 = Definitely intoxicated, drunk or high at time of attempt.

EVER: "SUICIDAL" BEHAVIOR WITHOUT INTENT
0 = Absent
2 = Present

"SUICIDAL" BEHAVIOR WITHOUT INTENT (LAST 3 MONTHS)
0 = Absent
2 = Present
Definitions and questions

NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS

Self-mutilation, etc., not accompanied by any wish or intention to die (e.g., cutting on skin with a knife, buring self, deliberately putting finger in door jam and closing door, wrist-slashing or cigarette burns).

Have you ever hurt yourself on purpose (apart from when you wanted to die)?

Or cut yourself on purpose?

Why did you do it?
What did you feel like before you did it?
Did it make you feel better?
Did you want to kill yourself?

How about in the last three months?

Coding rules

NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS

0 = Absent
3 = Acts receiving medical treatment (simple attending hospital counts as treatment).

IF NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS ARE PRESENT, COMPLETE DYSPHORIA OF SELF-MUTILATORY TYPE. OTHERWISE, SKIP TO "BRAGGING", (PAGE 12).
Definitions and questions

**DYSPHORIA OF SELF-MUTILATORY TYPE**

Highly unpleasant mounting feeling of inner tension, released by a self-mutilatory act.

Questions as under non-suicidal physical self-damaging acts.

*How did you feel when you hurt or cut yourself?*

*How many times have you hurt/cut yourself (in the last 3 months)?*

*How long does that feeling last?*

*When did you first get it (the tension)?*

**Coding rules**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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<td>Duration</td>
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<tr>
<td>CDE1F01</td>
<td>Frequency</td>
</tr>
</tbody>
</table>

**Codes**

- **DYSPHORIA OF SELF-MUTILATORY TYPE**
  - 0 = Absent
  - 2 = Present
HYPOMANIA AND MANIA
The symptoms in this section includes the contribution of Dr. Joan Luby of Washington University in St. Louis.
MANIC MOOD DISTURBANCE

REMEMBER TO GET EXAMPLES AND BEHAVIORAL DESCRIPTIONS.

EXPANSIVE MOOD
Feelings of euphoria or elation which represents a substantial change from the child's usual mood and which are not a response to specific situations.

Do not include responses to happy events (such as birthdays, holidays, etc.).

IF EXPANSIVE MOOD IS PRESENT BE PREPARED TO RECONSIDER PREVIOUS RATINGS OF IRRITABILITY.

Have you felt really high for no special reason?
What was that like?
Have you felt unusually good in yourself?
Did anyone comment on your behavior?
What did they say?
Did they think you were over the top?
What did you do?
When you were "high", had you anything to drink?
Were you drunk?
Had you taken any drugs?
Had you been sniffing glue?
Had anything happened to make you feel happy?

How long did that feeling last?
When did you first have it?

IF EXPANSIVE MOOD PRESENT, COMPLETE. OTHERWISE, SKIP TO "ABDOMINAL PAIN", (PAGE 21).
Definitions and questions

EXPANSIVE MOOD - SPONTANEITY/REACTIVITY
Degree to which expansive mood is related to or independent of external events.

Are you super happy only when something very exciting is happening (e.g., birthday party, trip to Disneyland, etc.)?

Are you ever super happy for no reason?
How often are you super happy ‘out of the blue’ or for no reason?
How long does this super happy mood for no reason last?
When did you first notice that you would get super happy for no reason?

EXPANSIVE MOOD - CONCERN TO ADULT
Do you think it is a problem?
Are you concerned about your super happy moods?
Is anyone else concerned about your super happy moods? Who?
Has anyone commented that you seem to be too happy at times? Who?

Coding rules

EXPANSIVE MOOD - SPONTANEITY/REACTIVITY
CDAL151
Intensity
0 = Absent
2 = Expansive mood at times in the absence of positive events.

CDAL152
Frequency

CDAL153
Duration

CDAL154
Onset

HOURS : MINUTES

CDAL155
Intensity

CDAL156
WHO IS CONCERNED (CODE ALL THAT APPLY)
1 = Parent 1.
2 = Parent 2.
3 = Other Parent 1.
4 = Other Parent 2.
5 = Teacher/childcare provider.
6 = Other adult.
EXPANSIVE MOOD - ALLEVIATION

When you feel 'super happy,' can anyone do anything to settle you down?

What?
How long would it keep you settled?
How much of the time would things settle you down?
Can anyone do anything to settle you down?
Can you do anything to settle yourself down?

IF EVIDENCE OF EXPANSIVE MOOD OR IF IRRITABILITY PRESENT 4 HOURS A DAY FOR A WEEK, THEM COMPLETE THIS SECTION. OTHERWISE, SKIP TO "ABDOMINAL PAIN", (PAGE 21).
### Definitions and questions

**IRRITABILITY WITH EXPANSIVE MOOD**

If both Irritability and Expansive Mood have been present together, or within the same 24 hour period, then code here.

**DEPRESSED MOOD WITH EXPANSIVE MOOD**

Both Depressed Mood and Expansive Mood present within same 24 hour period. Either the two moods must both separately meet the criteria for each, or if the two rapidly alternate, the two taken together must last at least one continuous hour at a level that meets the other minimum criteria.

*Were there times when you were both "really happy" and "depressed" on the same day?*

*Tell me about that.*

*Were you usually like that?*

*Or were you usually either one or the other?*

*How long did it last?*

*When did you start to get the "depression" and "feeling really happy" so close together?*

*Has there been a period of at least 2 months during the last year when you didn't have either "depressed mood" or "expansive mood"?*

**MORE TALKATIVE THAN USUAL**

Child is more talkative than usual. Speech may be loud, rapid, nonstop, or difficult to interrupt during periods of Expansive, Expansive/Irritable, or Irritable Mood.

Distinguish from chattiness.

*Have you had times when you were more talkative than usual?*

*What was that like?*

*Could others get a word in edgewise?*

---

#### Coding rules

**IRRITABILITY WITH EXPANSIVE MOOD**

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Expansive Mood not accompanied by Irritability.</td>
</tr>
<tr>
<td>2</td>
<td>Expansive Mood accompanied by Irritability.</td>
</tr>
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</table>

**DEPRESSED MOOD WITH EXPANSIVE MOOD**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present, with both moods, either separately or together, meeting the intensity level '2' criteria.</td>
</tr>
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</table>

**PERIOD OF 2 MONTHS WITHOUT EITHER DEPRESSED MOOD OR EXPANSIVE MOOD IN LAST YEAR**

<table>
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<tr>
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<th>Description</th>
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</thead>
<tbody>
<tr>
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<td>Absent</td>
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<tr>
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<td>Present</td>
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**MORE TALKATIVE THAN USUAL**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>More talkative than usual, intrusive into at least two activities but retains some regard for others’ wishes to communicate.</td>
</tr>
<tr>
<td>3</td>
<td>More talkative in most activities with little regard for others’ wishes to communicate.</td>
</tr>
</tbody>
</table>
RACING THOUGHTS
A description of many images and ideas flashing through the mind or many ideas arising quickly.

Have you had times when lots of thoughts flashed through your head one after the other very fast?

What was that like?
Did your mind keep jumping from one things to another when you were “high”?

Did your thoughts come so fast that you could hardly keep up with them?
Were they faster than you could get into words?
Were they so fast that you got confused?
What did other people think of your ideas at the time?
How long does it last?
When did it start?

Coding rules

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<td>Frequency</td>
<td>Duration</td>
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</tr>
</tbody>
</table>

HOURS : MINUTES

0 = Absent
2 = Child describes periods of racing thoughts. These thoughts are intrusive into at least 2 activities.
3 = Racing thoughts occur regularly and frequently.
OTHER MANIC SYMPTOMS

SUBJECTIVE FLIGHT OF IDEAS
A description of images and ideas flashing through the mind, when in Expansive or Expansive/Irritable Mood, or Irritable Mood.

*Have you had times when lots of thoughts flashed through your head one after the other very fast?*

*What was that like?*
*Did your mind keep jumping from one thing to another when you were “high”?*

*Did your thoughts come so fast that you could hardly keep up with them?*
*Were you faster than you could get into words?*
*Were they so fast that you got confused?*
*What did other people think of your ideas at the time?*
*How long does it last?*

*When did it start?*

SUBJECTIVE PRESSURE OF SPEECH
A description of periods of talking fast, with a sensation of pressure to get words and ideas out, when in Expansive or Expansive/Irritable Mood, or Irritable Mood.

*Were you talking very fast?*

*What was that like?*
*How long did that last?*

*When did you first notice it?*
**SUBJECTIVE MOTOR PRESSURE**

Feeling of increased physical energy or capacity expressed in motor behavior, when in Expansive or Expansive/Irritable Mood, or Irritable Mood.

*Have you had times when you felt really energetic?*

What did you do?

*When you were feeling "high", did you do any physical activities that you wouldn't normally?*

Had you developed any new interests?

How did you become interested in that?

What did other people think of your activities?

Were you moving faster than usual?

*When did this first happen to you?*

---

**SUBJECTIVE AGITATION**

Markedly changed motor activity associated with Expansive or Expansive/Irritable or Irritable Mood. Account of a severe level of inappropriate, unpleasant motor restlessness during the mood state, indicated by pacing, wringing of hands, or similar activities.

Do not include simple restlessness or fidgetiness in the absence of mood change.

*Do you get very restless when you're "miserable"?*

*Do you have difficulty keeping still?*

What is that like?

Can you keep yourself still?

Do you have to move around?

What do you do?

Are you always like that?

How about when you're not "miserable"?
### Definitions and questions

**UNUSUALLY ENERGETIC**
During waking hours, subject is more active that usual without expected fatigue. Or subject demonstrates little fatigue in spite of maintenance of normal activities.

*Have you had more energy than usual to do things without getting tired?*

*Do you go 'non-stop' without getting worn out?*

*Did it ever seem that you had too much energy?*

*What were you like then?*

---

**DISTRACTIBILITY**
Inability to screen out irrelevant external stimuli during the period of mood disturbance. May have difficulty keeping thoughts on themes relevant to the topic.

*Do you have difficulty paying attention when you can look out of the window or hear other people talking in the next room?*

*Do you find yourself easily distracted by things going on around you?*

*Can you give me an example?*

*Is it like that in all activities or just some?*

*Can you stop yourself from getting distracted?*

*Is that all the time or just some times?*

---

### Coding rules

#### UNUSUALLY ENERGETIC

- **0** = Absent
- **2** = Child has persistent daily periods of increased energy.

#### DISTRACTIBILITY

- **0** = Absent
- **2** = Present in a least 2 activities and at least sometimes uncontrollable by the child.
- **3** = Present in most activities and at least sometimes uncontrollable by the child or by admonition.

---

### Codes

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</table>
**Definitions and questions**

**DECREASED NEED FOR SLEEP**
During the period of mood disturbance, child feels adequately rested with at least 1 hour less sleep than usual per night, for at least 1 week.

Differentiate from Insomnia, where reduced sleep is associated with a feeling of being inadequately rested.

*When you were "high", did you need as much sleep as usual?*

*How much sleep were you getting?*
*Did you feel as if you needed more sleep?*
*When you woke did you feel properly rested?*
*When did that start?*

**GRANDIOSE IDEAS AND ACTIONS**
An unusually increased level of self-esteem or self-appraisal of worth, such as the feeling of being superbly strong, or exceptionally able, or intelligent, when in Expansive or Expansive/Irritable Mood or Irritable Mood.

Distinguish from fantasy play unrelated to mood changes.

*Have you felt specially healthy?*
*Did you think you had (have) special powers or talents?*
*Have you been buying any interesting things lately?*
*What did you think of yourself when you felt "high"?*

*Were there any times when you felt that you were a really great or marvelous person?*
*Or a super-hero?*
*Did you think you were very important when you were "high"?*
*Who/what did (do) you think you were (are)?*
*What did you do when you felt like that?*

*Did you feel super efficient?*

*Do you get this way at home/school/elsewhere?*
*When did you start to feel like that about yourself?*

**Coding rules**

**DECREASED NEED FOR SLEEP**

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<tr>
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<td>1-2 hours less sleep than usual per night.</td>
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<tr>
<td>3</td>
<td>More than 2 hours less sleep than usual per night.</td>
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**GRANDIOSE IDEAS AND ACTIONS**

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<th>Description</th>
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<td>Ideas present but not translated into action.</td>
</tr>
<tr>
<td>3</td>
<td>Ideas translated into action.</td>
</tr>
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**HOURS : MINUTES**

**HOME**

**DAYCARE/SCHOOL**

**ELSEWHERE**

<table>
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<th>Code</th>
<th>Description</th>
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<td></td>
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</tbody>
</table>
### Definitions and questions

| IF GRANDIOSE IDEAS AND ACTIONS PRESENT, COMPLETE. OTHERWISE, SKIP TO "BRAGGING", (PAGE 12). |

### Coding rules

**Codes**
GRANDIOSE IDEAS AND ACTIONS - IDEAS TRANSLATED INTO ACTION

Degree to which ideas result in action.

Do you do anything because of these beliefs (e.g., child believes s/he can fly and jumps from heights. Or child believes s/he is in charge and tells the teacher how to manage the classroom)?

What have you done?

GRANDIOSE IDEAS AND ACTIONS - CONCERN TO ADULTS

Is your Parent 1 or Parent 2 concerned about your beliefs that you have special powers/abilities or think you’re in charge?

Do they think it is a problem?

Is anyone else concerned about your beliefs that you have special powers/abilities or think you’re in charge?

Who?

Has anyone commented that about your beliefs that you have special powers/abilities or think you’re in charge?

Who?

CROSS-SECTIONAL

TRANSLATED INTO ACTION

CDAL165

Intensity

0 = No

2 = Yes

CONCERN TO ADULTS

CDAL166

Intensity

0 = Absent

2 = Present

WHO IS CONCERNED (CODE ALL THAT APPLY)

CDAL167

1 = Parent 1.

CDAL168

2 = Parent 2.

CDAL169

3 = Other Parent 1.

CDAL170

4 = Other Parent 2.

CDAL171

5 = Teacher/childcare provider.

CDAL172

6 = Other adult.
GRANDIOSE IDEAS AND ACTIONS - ALLEVIATION

When you think you’re in charge, think your especially talented, etc., can you do anything to bring yourself “back to reality?”

How much of the time does it work?

GRANDIOSITY - ALLEVIATION

0 = Child will give up these ideas easily with adult redirection.
2 = Child’s appraisal of self-worth is restored to baseline at least sometimes with adult re-direction.
3 = Means of alleviation never effective.
4 = Means of alleviation never employed.

BRAGGING

Boastful talking about his/her real or perceived talents, accomplishments, etc.

Do you brag about anything?

What kinds of things?
Is this something you really are good at?
Have others commented that you brag?

Do you brag at home/school/elsewhere?

How often do you brag at home/school/elsewhere?

When did you first notice that you bragged a lot?

IF BRAGGING IS PRESENT, CONTINUE. OTHERWISE, SKIP TO "SEXUAL LANGUAGE", (PAGE 14).
BRAGGING - CONCERN TO ADULT

Is your Parent 1 or Parent 2 concerned about how much you brag?

Do they think it is a problem?

Is anyone else concerned about how much you brag? Who?

CONCERN TO ADULT
0 = Absent
2 = Present

WHO IS CONCERNED (CODE ALL THAT APPLY)
1 = Parent 1.
2 = Parent 2.
3 = Other Parent 1.
4 = Other Parent 2.
5 = Teacher/childcare provider.
6 = Other adult.

BRAGGING - ALLEVIATION

When you think you're in charge, think you're especially talented, etc., can your Parent 1 or Parent 2 do anything to bring you 'back to reality'?

How much of the time does it work?

BRAGGING - ALLEVIATION
0 = Child will give up these ideas easily with adult re-direction.
2 = Child's appraisal of self-worth is restored to baseling at least sometimes with adult re-direction.
3 = Means of alleviation never effective.
4 = Means of alleviation never employed.
### Definitions and questions

#### SEXUAL LANGUAGE

**Do you talk about body parts?**

**Do you use dirty or sexual language?**

#### SEXUALLY ABUSED

**Have you been sexually abused in any way?**

#### POOR JUDGMENT (HYPOMANIA AND MANIA)

Uncharacteristic behaviors performed with disregard for possible negative consequences during Expansive or Expansive/Irritable Mood state or Irritable Mood.

**Did you do anything that you regret when you were “high”?**

What did you do?

**Did you spend a lot of money then?**

What did you spend it on?

**Did you behave in ways that seem embarrassing or silly now?**

**Did you get into any trouble when you were “high”?**

What happened?

**Have you been left with any problems by ...?**

**When did you first do something like that?**

When did you first do something like that?

### Coding rules

#### SEXUAL LANGUAGE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Child makes inappropriate sexual comments on more than one occasion.</td>
</tr>
<tr>
<td>3</td>
<td>Child exhibits overt sexual language several times a week or at inappropriate times.</td>
</tr>
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</table>

#### SEXUALLY ABUSED

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
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</table>

#### POOR JUDGMENT

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
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<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Behavior that involved definitely poor judgment but which was within the range of socially acceptable irresponsible behavior (e.g. speaking rudely/impertinently to other people, being physically reckless or aggressive).</td>
</tr>
<tr>
<td>3</td>
<td>Behavior that is outside the range of socially acceptable irresponsible behavior (e.g. being overtly insulting to figures of authority, undressing in a public place), or dangerous behavior (e.g., jumping off a roof because child believed s/he could fly) and hence likely to result in some negative consequences.</td>
</tr>
</tbody>
</table>
INAPPROPRIATE LAUGHING, JOKING, GRINNING
Subject demonstrates laughing, joking, grinning in a manner incongruent to context.

Do you just laugh for no reason when nothing funny happened?

Do you laugh uncontrollably?

Do you laugh out when it's inappropriate (e.g., church, preschool during lesson)?

UNINHIBITED/GREGARIOUSNESS
The subject is willing to be friendly toward almost any adult or child, to a degree unusual for his/her developmental age, social group, and familiarity with the person. The subject demonstrates reduced or absent reticence around unfamiliar people.

Do you start a conversation with anyone - adult or child?

Are you the type of child who has no hesitation to engage in conversation with a stranger?

Are you concerned that you would talk inappropriately to strangers?

Would you run off with a stranger without any hesitation or reserve?

Do you seem to know everyone in your school or child care?

Are you concerned you would say inappropriately friendly or bossy things to unfamiliar adults, even those in a position of authority?

Do you think this is a problem?
Definitions and questions

MOOD CYCLING
Subject exhibits significant and abrupt mood changes.

*Does it seem like your mood can change 'on a dime'?
For example, going from being very happy to very irritable or sad in a short time?*

*Does your mood change often and quickly?*

INCREASE IN ADAPTIVE ACTIVITY AS COMPARED WITH USUAL LEVEL
increased appropriate involvement or activity during periods of Expansive or Expansive/Irritable Mood or Irritable Mood.

Do not include responses to there being a sudden need to meet deadlines or to avoid punishment.

*When you felt "so good" how did it affect your work?*
*Were you able to work better or more efficiently than usual?*
*How did you get along with your parents or friends when you were "high"?*

*Did you get more involved in things than you normally do?*
*Did you take more interest in things than you normally like to do?*
*Did you get more done?*
*When did that first happen to you?*

Coding rules

<table>
<thead>
<tr>
<th>MOOD CYCLING</th>
<th>Codes</th>
</tr>
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<tbody>
<tr>
<td>0 = Absent</td>
<td>CDAL701 Intensity</td>
</tr>
<tr>
<td>2 = Child displays abrupt changes in mood. These occur spontaneously (for no apparent reason) or in response to minor disappointments or most limit-setting. 3 = Child frequently and continuously displays spontaneous and abrupt changes in mood or child displays abrupt mood changes to nearly all disappointments or limit-setting.</td>
<td></td>
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</table>

<table>
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<tr>
<th>INCREASE IN ADAPTIVE ACTIVITY</th>
<th>Codes</th>
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</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>CDF3I01 Intensity</td>
</tr>
<tr>
<td>2 = Increase in adaptive activity in at least 2 activities. 3 = Increase in adaptive activity in almost all activities.</td>
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</table>
SOMATIZATION

NOTE THAT THIS SECTION SERVES TO EXCLUDE BRIQUET’S SYNDROME, BUT THAT THE MOST COMMON CAUSE OF MULTIPLE PHYSICAL SYMPTOMS IS PHYSICAL ILLNESS.

How have you felt physically over the last 3 months?

Have you had any illness?

How did the illness affect you?

Does your body work normally?
**HEADACHES**

*Do you get any headaches?*

How long do the symptoms last?  
How often over the last 3 months have you had a headache like that?  
How ill are you?  
Have you missed any school/work because of "symptoms"?  
When did the symptoms start?  
What have you done about them?  
What have your parents done about them?  
How much do they affect your life?  
What does your doctor say is wrong?  
When was that?  
What did you do about it?  
What did your parents do?  
Did you contact a doctor?  
What did s/he do?

**Coding rules**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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| CEA0I01 | Intensity 0 = Absent  
2 = Headaches lasting at least one hour at least once per week for each week of the primary period. |
| CEA0F01 | Frequency  |
| CEA0D01 | Duration  |
| CEA0I02 | MISSED SCHOOL OR WORK 0 = No school or work missed on account of symptom.  
2 = At least 1 day of school or work missed. |
| CEA0I03 | PHYSICIAN 0 = No contact.  
2 = Any medical contact related to symptoms. |
| CEA0I04 | MEDICATION 0 = No treatment.  
2 = Any non-prescribed medical/surgical treatment related to symptoms.  
3 = Any prescribed medical/surgical treatment related to symptoms. |
| CEA0I05 | ALTERED LIFE PATTERN 0 = No effect on functioning.  
2 = Some reduction in functioning. |
| CEA0O01 | Onset  
/ / |
**ABDOMINAL PAINS**

Exclude menstrual cramps.

**Do you get any stomach aches?**

*How long do the symptoms last?*
*How often over the last 3 months have you had a stomach ache like that?*
*When did they start?*

*Have you missed any school/work because of "symptoms"?*

*How ill are you?*
*When did the symptoms start?*
*What have you done about them?*
*How much do they affect your life?*
*What does your doctor say is wrong?*
*When was that?*
*What did you do about it?*
*What did your parents do?*
*Did you contact a doctor?*
*What did s/he do?*

---

**Coding rules**

**ABDOMINAL PAINS (AT LEAST 1 HOUR)**

0 = Absent

2 = Abdominal pains lasting at least one hour at least once per week for each week of the primary period.

**HOURS : MINUTES**

CeA1D01 Duration

0 = No school or work missed on account of symptom.

2 = At least 1 day of school or work missed.

**PHYSICIAN**

0 = No contact.

2 = Any medical contact related to symptoms.

**MEDICATION**

0 = No treatment.

2 = Any non-prescribed medical/surgical treatment related to symptoms.

3 = Any prescribed medical/surgical treatment related to symptoms.

**ALTERED LIFE PATTERN**

0 = No effect on functioning.

2 = Some reduction in functioning.
**ACHES AND PAINS**

Aches and pains in muscles.

Do not include headaches or stomach aches, which are coded separately, or aches and pains resulting only from involvement in sports.

**Do you get a lot of aches and pains in your muscles or joints?**

How often does this happen?

Have you given up any activities because of aches and pains?

**FEELS UNWELL**

A generalized feeling of illness or unwellness.

**Have you felt physically unwell at all during the last 3 months?**

Less well than usual?

How much of the time?

**SICKLY**

The subject states that s/he has been sickly for a good part of their life, including the last 3 months.

**How would you describe your health in general?**

How long have you been ill?

Have you been "ill" for most of your life?

**What has your health been like in the last 3 months?**

Have you had frequent health problems?

---

### Coding rules

#### ACHES AND PAINS

- **CEE0I01**
  - Intensity

- **CEE0O01**
  - Onset

- **CEE1I01**
  - ACHES AND PAINS - AVOIDANCE

- **CEE1O01**
  - ONSET

- **CEE2I01**
  - FEELS UNWELL

- **CEE2O01**
  - Onset

- **CEA2I01**
  - SICKLY

---

---
**SOMATIZATION SCREEN POSITIVE**

ASSOCIATED PHYSICAL COMPLAINTS FROM ONE BOUT OF ONE ILLNESS (I.E., COUGH, FEVER, CHILLS, RUNNY NOSE, SCRATCHY THROAT OCCURRING IN ONE BOUT OF COLD OR FLU) COUNT AS ONE SYMPTOM FOR SCREEN. COUNT MULTIPLE EPISODES OF COLD AND FLU AS ONE SYMPTOM.

IF 3 OR MORE SYMPTOMS ARE MENTIONED BY THE SUBJECT AS BEING PRESENT IN THE LAST 3 MONTHS OR IF RATED AS SICKLY OR FEELS UNWELL, COMPLETE THIS SECTION.

**MENSTRUATION**

IF CHILD IS FEMALE, ASK MENSTRUATION.

*Have you ever had a period?*

*When was her first period?*

*Do you have regular periods every month?*

*Have you had at least three monthly periods in a row?*

*What was the date of your last period?*

---

**SOMATIZATION SCREEN POSITIVE**

0 = No

2 = Yes

**SEX OF CHILD**

0 = Male

2 = Female

**MENSTRUATION**

0 = No

2 = Yes

**REGULAR ESTABLISHED CYCLE**

0 = No

2 = At least three months in a row.

**FIRST DAY OF LAST PERIOD**

/ /
**SOMATIZATION CHECK LIST**

*I ALL CODINGS IN CHECK LIST ARE "EVER"
RATINGS FOR SUBJECT'S LIFETIME.

*ONSET SHOULD BE RATED IF SYMPTOM
PRESENT, EVEN IF SYMPTOM DID NOT
RESULT IN MISSED SCHOOL/WORK,
CONTACT WITH PHYSICIAN, MEDICATION, OR
ALTERED LIFE PATTERN.*
SYMPTOMS REFERRED TO THE NERVOUS SYSTEM

DIFFICULTY SWALLOWING

Have you had any difficulty swallowing?

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Did it affect your life at all?
When did it start?

DIFFICULTY SWALLOWING
0 = Absent
2 = Present

MISSED SCHOOL OR WORK
0 = No school or work missed on account of symptom.
2 = At least 1 day of school or work missed.

PHYSICIAN
0 = No contact.
2 = Any medical contact related to symptoms.

MEDICATION
0 = No treatment.
2 = Any non-prescribed medical/surgical treatment related to symptoms.
3 = Any prescribed medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN
0 = No effect on functioning.
2 = Some reduction in functioning.
Definitions and questions

**LOSS OF VOICE**

*Have you lost your voice?*

*Did you miss any school/work?*

*What happened about that?*

*Did you take anything for it?*

*Did it affect your life at all?*

*When did it start?*

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Coding rules

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<th>Codes</th>
<th>Description</th>
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</tr>
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</tr>
<tr>
<td></td>
<td>2 = Present</td>
</tr>
<tr>
<td>CEA5I01</td>
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</tr>
<tr>
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<td>0 = No school or work missed on account of symptom.</td>
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<tr>
<td></td>
<td>2 = At least 1 day of school or work missed.</td>
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<tr>
<td>CEA5I02</td>
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</tr>
<tr>
<td></td>
<td>0 = No contact.</td>
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<tr>
<td></td>
<td>2 = Any medical contact related to symptoms.</td>
</tr>
<tr>
<td>CEA5I03</td>
<td>MEDICATION</td>
</tr>
<tr>
<td></td>
<td>0 = No treatment.</td>
</tr>
<tr>
<td></td>
<td>2 = Any non-prescribed medical/surgical treatment related to symptoms.</td>
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<td></td>
<td>3 = Any prescribed medical/surgical treatment related to symptoms.</td>
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<td></td>
<td>0 = No effect on functioning.</td>
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<td></td>
<td><strong>FOR REVIEW ONLY</strong></td>
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</tbody>
</table>

--

FOR REVIEW ONLY
DEAFNESS

Have you suffered from deafness?
Did you miss any school/work?
What happened about that?
Did you take anything for it?
Did it affect your life at all?
When did it start?

Coding rules

DEAFNESS

0 = Absent
2 = Present

MISSED SCHOOL OR WORK

0 = No school or work missed on account of symptom.
2 = At least 1 day of school or work missed.

PHYSICIAN

0 = No contact.
2 = Any medical contact related to symptoms.

MEDICATION

0 = No treatment.
2 = Any non-prescribed medical/surgical treatment related to symptoms.
3 = Any prescribed medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

0 = No effect on functioning.
2 = Some reduction in functioning.

Onset

/ /
DOUBLE VISION

Have you suffered from double vision?

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Did it affect your life at all?
When did it start?

Coding rules

DOUBLE VISION

| 0 = Absent | CEA7X01 |
| 2 = Present | |

MISSED SCHOOL OR WORK

| 0 = No school or work missed on account of symptom. | CEA7I01 |
| 2 = At least 1 day of school or work missed. | |

PHYSICIAN

| 0 = No contact. | CEA7I02 |
| 2 = Any medical contact related to symptoms. | |

MEDICATION

| 0 = No treatment. | CEA7I03 |
| 2 = Any non-prescribed medical/surgical treatment related to symptoms. |
| 3 = Any prescribed medical/surgical treatment related to symptoms. |

ALTERED LIFE PATTERN

| 0 = No effect on functioning. | CEA7I04 |
| 2 = Some reduction in functioning. |

CEA7O01

Onset

/ /
**BLURRED VISION**

*Have you suffered from blurred vision?*

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Did it affect your life at all?
When did it start?

---

**Coding rules**

**BLURRED VISION**

0 = Absent
2 = Present

**MISSED SCHOOL OR WORK**

0 = No school or work missed on account of symptom.
2 = At least 1 day of school or work missed.

**PHYSICIAN**

0 = No contact.
2 = Any medical contact related to symptoms.

**MEDICATION**

0 = No treatment.
2 = Any non-prescribed medical/surgical treatment related to symptoms.
3 = Any prescribed medical/surgical treatment related to symptoms.

**ALTERED LIFE PATTERN**

0 = No effect on functioning.
2 = Some reduction in functioning.
**BLINDNESS**

*Have you gone blind?*

- Did you miss any school/work?
- What happened about that?
- Did you take anything for it?
- Did it affect your life at all?
- When did it start?

**Coding rules**

- **BLINDNESS**
  - CEA9X01
    - Intensity
      - 0 = Absent
      - 2 = Present

- **MISSED SCHOOL OR WORK**
  - CEA9I01
    - 0 = No school or work missed on account of symptom.
    - 2 = At least 1 day of school or work missed.

- **PHYSICIAN**
  - CEA9I02
    - 0 = No contact.
    - 2 = Any medical contact related to symptoms.

- **MEDICATION**
  - CEA9I03
    - 0 = No treatment.
    - 2 = Any non-prescribed medical/surgical treatment related to symptoms.
    - 3 = Any prescribed medical/surgical treatment related to symptoms.

- **ALTERED LIFE PATTERN**
  - CEA9I04
    - 0 = No effect on functioning.
    - 2 = Some reduction in functioning.
FAINTING OR LOSS OF CONSCIOUSNESS

Have you ever fainted?
Or had any blackouts or loss of consciousness?

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Did it affect your life at all?
When did it start?

<table>
<thead>
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<th>Intensity</th>
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<tbody>
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<td>0 = Absent</td>
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<td>2 = Any non-prescribed medical/surgical treatment related to symptoms.</td>
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</table>
Definitions and questions

MEMORY LOSS

Have you ever lost your memory?
Did you miss any school/work?
What happened about that?
Did you take anything for it?
Did it affect your life at all?
When did it start?

Coding rules

MEMORY LOSS
0 = Absent
2 = Present

MISSED SCHOOL OR WORK
0 = No school or work missed on account of symptom.
2 = At least 1 day of school or work missed.

PHYSICIAN
0 = No contact.
2 = Any medical contact related to symptoms.

MEDICATION
0 = No treatment.
2 = Any non-prescribed medical/surgical treatment related to symptoms.
3 = Any prescribed medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN
0 = No effect on functioning.
2 = Some reduction in functioning.

Codes

CEB1X01
Intensity

CEB1I01

CEB1I02

CEB1I03

CEB1I04

CEB1O01
Onset

/ /
SEIZURES OR CONVULSIONS

Have you ever had any fits or convulsions?

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Did it affect your life at all?
When did it start?

SEIZURES OR CONVULSIONS
0 = Absent
2 = Present

MISSED SCHOOL OR WORK
0 = No school or work missed on account of symptom.
2 = At least 1 day of school or work missed.

PHYSICIAN
0 = No contact.
2 = Any medical contact related to symptoms.

MEDICATION
0 = No treatment.
2 = Any non-prescribed medical/surgical treatment related to symptoms.
3 = Any prescribed medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN
0 = No effect on functioning.
2 = Some reduction in functioning.
TROUBLE WALKING

Have you ever had trouble walking?
Did you miss any school/work?
What happened about that?
Did you take anything for it?
Did it affect your life at all?
When did it start?

Coding rules

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</tbody>
</table>
PARALYSIS OR MUSCLE WEAKNESS

Have you ever had any muscle weakness or paralysis?

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Did it affect your life at all?
When did it start?

Coding rules

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</table>
URINARY RETENTION OR DIFFICULTY URINATING

*Have you ever had any trouble passing water?*

*Did you miss any school/work?*
*What happened about that?*
*Did you take anything for it?*
*Did it affect your life at all?*
*When did it start?*

<table>
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FOR REVIEW ONLY
**Definitions and questions**

**OTHER UNEXPLAINED “NEUROLOGICAL SYMPTOMS”**

*Have you ever had any other symptoms affecting your nerves or brain?*

Did you miss any school/work?  
What happened about that?  
Did you take anything for it?  
Did it affect your life at all?  
When did it start?

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### Definitions and questions

**SYMPTOMS REFERRED TO THE GASTROINTESTINAL TRACT**

**SENSATION OF A LUMP IN THE THROAT**

*Have you ever had a feeling of a lump in your throat?*

- Did you miss any school/work?
- What happened about that?
- Did you take anything for it?
- Did it affect your life at all?
- When did it start?

### Coding rules

**OTHER UNEXPLAINED "NEUROLOGICAL SYMPTOMS"**

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FOR REVIEW ONLY
**ABDOMINAL PAIN**

*Have you had any stomach pains?*

*Did you miss any school/work?*
*What happened about that?*
*Did you take anything for it?*
*Did it affect your life at all?*
*When did it start?*

**Coding rules**

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Definitions and questions

NAUSEA
Have you ever felt sick?

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Did it affect your life at all?
When did it start?

Coding rules

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### VOMITING SPELLS (OTHER THAN DURING PREGNANCY)

**Have you vomited at all?**

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Did it affect your life at all?
When did it start?

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Definitions and questions

BLOATING (GASSY)

Have you vomited at all?

Did you miss any school/work?

What happened about that?

Did you take anything for it?

Did it affect your life at all?

When did it start?

Coding rules

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FOR REVIEW ONLY
INTOLERANCE OF A VARIETY OF FOODS

Are you sensitive to certain foods?

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Did it affect your life at all?
When did it start?

Coding rules

INTOLERANCE TO A VARIETY OF FOODS

0 = Absent
2 = Present

MISSED SCHOOL OR WORK

0 = No school or work missed on account of symptom.
2 = At least 1 day of school or work missed.

PHYSICIAN

0 = No contact.
2 = Any medical contact related to symptoms.

MEDICATION

0 = No treatment.
2 = Any non-prescribed medical/surgical treatment related to symptoms.
3 = Any prescribed medical/surgical treatment related to symptoms.

ALTED LIFE PATTERN

0 = No effect on functioning.
2 = Some reduction in functioning.

Onset

CEC2X01
Intensity

CEC2I01

CEC2I02

CEC2I03

CEC2I04

CEC2O01
Onset
**Definitions and questions**

**DIARRHEA**

*Have you had diarrhea?*

Did you miss any school/work?  
What happened about that?  
Did you take anything for it?  
Did it affect your life at all?  
When did it start?

**Coding rules**

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**MISSED SCHOOL OR WORK**

| 0 = No school or work missed on account of symptom. | |
| 2 = At least 1 day of school or work missed. | |

**PHYSICIAN**

| 0 = No contact. | CEC3I02 |
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**MEDICATION**

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**ALTERED LIFE PATTERN**

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**Onset**

CEC3O01

/ /
FEMALE REPRODUCTIVE SYSTEM

PAINFUL MENSTRUATION

Have your periods started?

Are they painful?

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Did it affect your life at all?
When did it start?

Coding rules

PAINFUL MENSTRUATION

CEC4X01
Intensity
0 = Absent
2 = Present

MISSED SCHOOL OR WORK

CEC4I01

0 = No school or work missed on account of symptom.
2 = At least 1 day of school or work missed.

PHYSICIAN

CEC4I02

0 = No contact.
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MEDICATION

CEC4I03

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ALTERED LIFE PATTERN

CEC4I04

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CEC4O01
Onset
/ /
**EXCESSIVE BLEEDING**

*Have your periods very heavy?*

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Did it affect your life at all?
When did it start?

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CEC5O01
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**FOR REVIEW ONLY**

CAPA-Omnibus Child Version 5.0.0
**PAIN**

**BACK**

_Do you get any pains in any part of your body?_

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Did it affect your life at all?
When did it start?

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JOINTS OR EXTREMITIES

Do you get any pains in your joints?
Did you miss any school/work?
What happened about that?
Did you take anything for it?
Did it affect your life at all?
When did it start?

Coding rules

JOINTS OR EXTREMITIES
0 = Absent
2 = Present

MISSED SCHOOL OR WORK
0 = No school or work missed on account of symptom.
2 = At least 1 day of school or work missed.

PHYSICIAN
0 = No contact.
2 = Any medical contact related to symptoms.

MEDICATION
0 = No treatment.
2 = Any non-prescribed medical/surgical treatment related to symptoms.
3 = Any prescribed medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN
0 = No effect on functioning.
2 = Some reduction in functioning.

Codes

CEC7X01
Intensity

CEC7I01

CEC7I02

CEC7I03

CEC7I04

CEC7O01
Onset
GENITAL AREA (OTHER THAN DURING INTERCOURSE)

Do you get any pains in your genital area?

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Did it affect your life at all?
When did it start?

Coding rules

<table>
<thead>
<tr>
<th>GENITAL AREA (OTHER THAN DURING INTERCOURSE)</th>
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FOR REVIEW ONLY
Definitions and questions

PAIN ON URINATION

Do you get any pains upon urination?

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Did it affect your life at all?
When did it start?

Coding rules

PAIN ON URINATION

0 = Absent
2 = Present

MISSED SCHOOL OR WORK

0 = No school or work missed on account of symptom.
2 = At least 1 day of school or work missed.

PHYSICIAN

0 = No contact.
2 = Any medical contact related to symptoms.

MEDICATION

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2 = Any non-prescribed medical/surgical treatment related to symptoms.
3 = Any prescribed medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

0 = No effect on functioning.
2 = Some reduction in functioning.

Codes

CEC9X01
Intensity

CEC9I01

CEC9I02

CEC9I03

CEC9I04

CEC9O01
Onset
HEADACHE

Do you get any headaches?

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Did it affect your life at all?
When did it start?

Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
<th>Definitions</th>
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</tbody>
</table>
Definitions and questions

OTHER PAIN

Do you get any other pains?

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Did it affect your life at all?
When did it start?

Coding rules

OTHER PAIN

CED1X01
Intensity
0 = Absent
2 = Present

MISSED SCHOOL OR WORK

CED1I01
0 = No school or work missed on account of symptom.
2 = At least 1 day of school or work missed.

PHYSICIAN

CED1I02
0 = No contact.
2 = Any medical contact related to symptoms.

MEDICATION

CED1I03
0 = No treatment.
2 = Any non-prescribed medical/surgical treatment related to symptoms.
3 = Any prescribed medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

CED1I04
0 = No effect on functioning.
2 = Some reduction in functioning.

CED1O01
Onset
/ /
Definitions and questions

SYMPTOMS REFERRED TO
CARDIOPULMONARY SYSTEM

SHORTNESS OF BREATH

*Has your breathing been a problem?*

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Did it affect your life at all?
When did it start?

Coding rules

**SHORTNESS OF BREATH**

0 = Absent
2 = Present

**MISSED SCHOOL OR WORK**

0 = No school or work missed on account of symptom.
2 = At least 1 day of school or work missed.

**PHYSICIAN**

0 = No contact.
2 = Any medical contact related to symptoms.

**MEDICATION**

0 = No treatment.
2 = Any non-prescribed medical/surgical treatment related to symptoms.
3 = Any prescribed medical/surgical treatment related to symptoms.

**ALTERED LIFE PATTERN**

0 = No effect on functioning.
2 = Some reduction in functioning.

Codes

CED2X01
Intensity

CED2I01

CED2I02

CED2I03

CED2I04

CED2001
Onset

/ /
PALPITATIONS

Has your heart been a problem?

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Did it affect your life at all?
When did it start?

Coding rules

PALPITATIONS
0 = Absent
2 = Present

MISSED SCHOOL OR WORK
0 = No school or work missed on account of symptom.
2 = At least 1 day of school or work missed.

PHYSICIAN
0 = No contact.
2 = Any medical contact related to symptoms.

MEDICATION
0 = No treatment.
2 = Any non-prescribed medical/surgical treatment related to symptoms.
3 = Any prescribed medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN
0 = No effect on functioning.
2 = Some reduction in functioning.

Codes

CED3X01
Intensity

CED3I01

CED3I02

CED3I03

CED3I04

CED3O01
Onset
CHEST PAIN

Do you get any chest pain?

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Did it affect your life at all?
When did it start?

CHEST PAINS

0 = Absent
2 = Present

MISSED SCHOOL OR WORK

0 = No school or work missed on account of symptom.
2 = At least 1 day of school or work missed.

PHYSICIAN

0 = No contact.
2 = Any medical contact related to symptoms.

MEDICATION

0 = No treatment.
2 = Any non-prescribed medical/surgical treatment related to symptoms.
3 = Any prescribed medical/surgical treatment related to symptoms.

ALTERED LIFE PATTERN

0 = No effect on functioning.
2 = Some reduction in functioning.
### Dizziness

**Do you get dizzy?**

- Did you miss any school/work?
- What happened about that?
- Did you take anything for it?
- Did it affect your life at all?
- When did it start?

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<td>0 = No effect on functioning.</td>
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### For Review Only

- FOR REVIEW ONLY
Definitions and questions

**FOOD RELATED BEHAVIOR**

**REDUCED APPETITE**
Reduction of normal appetite, or reduced interest in, or enthusiasm for, food. Include change in appetite due to substance use or side effects of medication.

_How has your appetite been in the last 3 months?_

_Has it been less than usual?_

Has the amount you eat changed at all?  
Have you been eating as much as usual?  
Why not?  
How much have you been eating?  
Have you lost any weight?  
When did your appetite start to fall off?

**WEIGHT LOSS**

_Have you lost an unusual amount of weight during the last 3 months?_

How much?  
When did you start losing weight?

**EXCESSIVE APPETITE**
An increase in appetite outside the normal range of the subject, including eating for comfort. Include change in appetite due to substance use or side effects of medication.

_Have you had a bigger appetite than usual?_

Why?  
_Have you actually eaten more than usual?_

How much more?  
When did you start eating more?

Coding rules

**REDUCED APPETITE**

- **Intensity**
  - 0 = Absent
  - 2 = Food intake has been definitely reduced below normal level because of lack of appetite for at least 1 week.
  - 3 = Subject can only be induced to eat by marked parental or other persuasion.

**WEIGHT LOSS**

- **Intensity**
  - 0 = Absent
  - 2 = Present

**EXCESSIVE APPETITE**

- **Intensity**
  - 0 = Absent
  - 2 = Food consumption has been definitely increased above the subject's usual level for at least 1 week.
WEIGHT GAIN
Do not include normal developmental weight gain, premenstrual weight gain, or weight gain because of pregnancy.

Have you put on an unusual amount of weight in the last 3 months?
How much?
How long have you been putting on weight?

FOOD FADS
Child will consume only a restricted range of foods not typical of others of his/her developmental stage or social group.

Do not include simple dislike of cabbage etc.

Are you choosy about the foods you will eat?
What sort of things won't you eat?
Why is that?
What do you do about it?
Will you eat these things if you're pushed?
When did you start to get choosy about the food you will eat?
Definitions and questions

ANOREXIA/BULIMIA SCREEN
IF THERE IS EVIDENCE OF DIETING LASTING AT LEAST ONE WEEK, FEAR OF GETTING FAT, EXERCISING TO LOSE WEIGHT LASTING AT LEAST ONE WEEK, OR PRIVATE BINGES, THEN COMPLETE SECTION.

Have you been on a diet in the last 3 months?
How long did you stick to it?
Are you afraid of getting fat?
Do you ever have really severe eating binges on your own?
Do you avoid foods that might make you fat?
Have you done any exercise to lose weight?
Have you done anything else to lose weight?
Do you think you need to lose weight?
Does your weight bother you at all?

IF ANOREXIA/BULIMIA SCREEN POSITIVE CONTINUE, OTHERWISE, SKIP TO "SELF EVALUATION DEPENDS ON SHAPE AND WEIGHT", (PAGE 9).

Coding rules

ANOREXIA/BULIMIA SCREEN POSITIVE
0 = No
2 = Yes

Codes

CFA5I01
Intensity
DELIBERATE REDUCTION OF BODY WEIGHT

Deliberate attempts to reduce body weight by dieting or any other method, for any reason.

A "diet" refers to any attempt to reduce body weight by the deliberate restriction of caloric intake (no matter how feebly adhered to), lasting at least 1 week.

"Exercise" refers to any physical activity undertaken for at least 1 week with the specific intention of reducing body weight. Do not include items such as jogging for general health purposes, unless the subject also states that a supplementary aim is weight reduction.

Do not include diets or exercise regimens prescribed by physician or other medical advisor, or parent.

**How do you try to keep your weight down?**

*Are you on a diet?*

*What sort of diet?*

*Do you exercise to lose weight?*

*Do you ever vomit?*

*Do you take any medicines or pills for your weight?*

*When did you start doing that?*
PREOCCUPATION WITH FOOD AND EATING
Unusual and excessive amount of time spent thinking or worrying about food and eating; total daily duration of at least 1 hour.

How much do you think about food and eating?
What do you know about how fattening foods are?
Do you worry about food?

How much?
Why do you think (worry) about it?
How much time do you spend thinking about food or eating?
How long have you been bothered about food and eating?

WORRY ABOUT BECOMING FAT
A round of painful, unpleasant or uncomfortable thoughts about becoming (or being) fat or obese; total daily duration of at least 1 hour.

Do you think you are the right weight?
How much do you think you should weigh?
Do you worry about getting fat?

How much do you worry about it?
Does worrying interfere with whatever else you're doing?
How long do you spend worrying about it?
When did you start worrying about it?

WORRY ABOUT BECOMING/BEING FAT
0 = Absent
2 = Worries about becoming fat are intrusive into at least 2 activities and at least sometimes uncontrollable.
3 = Worries about becoming fat are intrusive into most all activities and almost always uncontrollable.

How much do you think about becoming fat?
What do you worry about getting fat?

How much?
Why do you think (worry) about it?
How much time do you spend thinking about becoming fat or being obese?
How long have you been bothered about becoming fat or being obese?
**BODY IMAGE DISTURBANCE**

Child has unrealistic conviction that s/he is fatter than is the case.

Do not code fat people, who realistically report that they are fat, here.

**How do you see your body size?**

**Are you fatter than average?**

What do you think if I tell you that I think that you're actually thinner than average (really just right)?

When did you start to feel fat?

IF BODY IMAGE DISTURBANCE PRESENT OR IF CHILD IS OBVIOUSLY THIN ASK THE FOLLOWING ITEM.

**Do you think it is dangerous to be so thin?**
BULIMIA (EATING BINGES)

Recurrent, discrete, secret, episodes of excessive, rapid eating of easily ingested food. Do not include snack "binges" (for instance on return from workout or sports) where there is no attempt at secrecy, even though there may be no one else around. Do not include public displays of greed, or individuals who normally have large appetites.

Does you have eating “binges” or attacks?

What are they like?
What do you eat?
Do you go off on your own to eat?
Does anything trigger them?
Do you try to resist them?
What ends a “binge”?
How do you feel afterwards?
Do you feel miserable?
Do you feel bad about yourself?
Or guilty?
Or ashamed?
How long do these “binges” last?
When did you start having “binges”?

IF SUBJECT IS A GIRL COMPLETE. OTHERWISE, SKIP TO "SELF EVALUATION DEPENDS ON SHAPE AND WEIGHT", (PAGE 9).

---

EATING BINGES

0 = Absent
2 = Binges at least sometimes uncontrollable.
3 = Binges almost always uncontrollable.

EPISODE TERMINATED BY

0 = None
2 = Abdominal Pain.
3 = Self-Induced Vomiting.
4 = Sleep
5 = Social Interruption.

DEPRESSED FOLLOWING BINGE

0 = No
2 = Yes

GUILT, SHAME AND/OR LOW SELF ESTEEM

0 = No
2 = Yes
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
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Food Related Behavior

8
Definitions and questions

**AMENORRHEA**
Absence of periods for at least 3 months in a row after onset of regular periods. Onset of regular periods means that subject has had a period three times in a row, no more than 36 days apart.

*Have your periods started?*

IF PERIODS HAVE STARTED, ASK ABOUT AMENORRHEA.

*Have they stopped again?*

*When did they stop?*

**SELF EVALUATION DEPENDS ON SHAPE AND WEIGHT**
The subject's evaluation of him/herself is reported to be strongly dependent on his/her shape or weight. Thus s/he regards his/her value as a person, evaluation by peers or others as being heavily influenced by his/her shape or weight. Do not include being underweight or underdeveloped.

*Does your weight make a difference to how you feel about yourself?*

*How important is your weight or shape in affecting how your feel about yourself?*

*Is it the most important factor in the way you think about yourself?*

*Do you think it affects how other people see you and what they think of you?*

*Would you feel better about yourself if you were thinner?*

*Would it make a really big difference?*

*When did you start to feel like that about your weight or shape?*

Codings rules

**AMENORRHEA**
0 = Absent (or female subject has not begun regular periods).
2 = Present

**SELF EVALUATION DEPENDS ON SHAPE AND WEIGHT**
0 = Absent
2 = The subject's self evaluation includes body shape and/or weight as an important component.
3 = The subject's self evaluation is overwhelmingly influenced by considerations of body shape or weight.
### Definitions and questions

**SLEEP PROBLEMS**

*Now I want to talk with you about X's sleep. I want to understand what usually happens when you put X to bed, what happens during the night, and what it is like waking him/her up in the morning. Tell me about what kind of sleeper X is. Has s/he always been like that?*

**SLEEP PROBLEMS**

**INSOMNIA**

Disturbance of usual sleep pattern involving a reduction in actual sleep time during the subject's sleep period that is accompanied by a subjective feeling of a need for more sleep. Do NOT include externally imposed changes in overall sleep pattern (e.g., change in job hours, arrival of new baby), or insomnia during first 2 weeks following such changes. Sleep problems are scored irrespective of taking medication for them, but note whether medication is being taken. Also include changes attributed to side effects of medication or substance use.

**How has your sleep been in the last 3 months?**

**What time do you go to bed?**

**Is it hard to fall asleep when you want to?**

How long does it take?  
Is that every night? How often?  
Is there any reason for it (e.g. fear of the dark)?

**Once you’re off to sleep, do you wake up again in the night?**

Why is that?  
Can you get back to sleep again easily?  
**Do you wake up early in the morning and can't go back to sleep?**

Is that earlier than you need to?  
Do you need more sleep?  
How long have you been having sleep problems?

**CODE FREQUENCY (NUMBER OF DAYS) AND ONSET OF SYMPTOMS FOR INSOMNIA OVERALL (I.E. FOR INITIAL, MIDDLE, AND TERMINAL INSOMNIA COMBINED).**
Definitions and questions

DIFFICULTY GETTING TO SLEEP AT NIGHT LASTING AT LEAST ONE HOUR.
AT LEAST ONE HOUR AND UNABLE TO RETURN TO SLEEP.

MEDICATION FOR INSOMNIA
NOTE HERE ANY MEDICATION (PRESCRIPTION OR OVER THE COUNTER) SPECIFICALLY USED IN AN ATTEMPT TO IMPROVE SLEEP PATTERN. NOTE NAME OF DRUG. CODE PRESCRIPTIONS IN INCAPACITIES.

Do you take anything to help you sleep?
What?
Does it work?

Coding rules

INITIAL INSOMNIA
0 = Absent
2 = Present

MIDDLE INSOMNIA (WAKING AT NIGHT OTHER THAN FOR MICTURITION)
1 = Any middle insomnia under 1 hour
2 = 1-2 hours of middle insomnia
3 = More than 2 hours of middle insomnia

EARLY MORNING WAKENING (TERMINAL INSOMNIA)
0 = Absent
2 = Present

MEDICATION FOR INSOMNIA
0 = Absent
2 = Present

Intensity
**Definitions and questions**

### HYPERSOMNIA - INCREASED NEED FOR SLEEP
Total hours sleep exceed usual amount by at least one hour, unless subject prevented from sleeping.

**Do you feel sleepy during the day?**
More sleepy than usual?
More than most other people?
**Do you sleep in the day?**
For how long?
How long have you been more sleepy than usual?

### RESTLESS SLEEP
Sleep is described as restless.

**How would you describe an average night’s sleep?**
Do you sleep soundly?
Do you toss and turn?
Are you restless?

### INADEQUATELY RESTED BY SLEEP
Sleep disturbance does not meet criteria for insomnia, but subject describes being inadequately rested by sleep upon waking.

**Do you usually get a good night’s sleep?**
Are you fairly well rested when you get up?
**Or after sleeping during the day?**
How do you feel?
When did that start?

**Coding rules**

### INCREASED NEED FOR SLEEP

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<tbody>
<tr>
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<tr>
<td>2</td>
<td>Hypersomnia occurs in at least 2 activities and is at least sometimes uncontrollable.</td>
</tr>
<tr>
<td>3</td>
<td>Hypersomnia occurs in nearly all activities and is nearly always uncontrollable.</td>
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**Codes**

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### HOURS : MINUTES

**Onset**

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</table>

### RESTLESS SLEEP

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
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</tbody>
</table>

**Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFD1I01</td>
<td>Intensity</td>
</tr>
<tr>
<td>CFD1O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>

### INADEQUATELY RESTED BY SLEEP

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
</tbody>
</table>

**Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFD2I01</td>
<td>Intensity</td>
</tr>
<tr>
<td>CFD2O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>
NIGHTMARES
Frightening dreams that waken the child with a markedly unpleasant affect on wakening (which may be followed rapidly by feelings of relief).

IF NIGHTMARES ARE ASSOCIATED WITH SEPARATION ANXIETY, CODE THEM MORE SPECIFICALLY AS SEPARATION DREAMS.

IF NIGHTMARES ARE ASSOCIATED WITH TRAUMATIC EVENTS, AND MEET CRITERIA FOR CODINGS, CODE THEM HERE AND THERE ALSO.

Do you have any bad dreams or nightmares?
Do they wake you up?
What are they about?
What are they like?
How often?
When did the nightmares start?

TIREDNESS
A feeling of being tired or weary at least half the time.

Have you been feeling especially tired or weary?
How much of the time have you felt tired like that?

FATIGABILITY
Child becomes tired or "worn out" more easily than usual.

Have you become tired or "worn out" more easily than usual?
Do you feel exhausted even by things that would have been no problem before?
When you get tired like that, does it take a long time to get over it?
Is that more than usual for you?
ELIMINATION DISORDERS

NOCTURNAL ENURESIS
Urine passed involuntarily in bed or underwear.

Do not include episodes of wetting directly and exclusively associated with marked physical illness, or wetting that is directly and exclusively associated with lack of toilet facilities.

**Have you ever wet your bed?**

- Has this happened recently?
- When was the last time that it happened?

**MONTHS OF AGE WHEN LAST WET PRECEDING 1 YEAR'S CONTINENCE**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFC0I01</td>
<td>Ever</td>
</tr>
<tr>
<td>CFC0I02</td>
<td>Intensity</td>
</tr>
<tr>
<td>CFC0I03</td>
<td>Age of first nocturnal continence</td>
</tr>
<tr>
<td>CFC0F01</td>
<td>Onset</td>
</tr>
<tr>
<td>CFC0O01</td>
<td>/ /</td>
</tr>
</tbody>
</table>

DIURNAL ENURESIS

**How about wetting your pants in the daytime?**

- What happens?
- How often does that happen?

**IF WET IN THE LAST THREE MONTHS, ASK:**

- When you were younger, were you ever dry for as long as a year?
- When did you start wetting again?

**PREVIOUS PERIOD OF ONE YEAR'S DIURNAL CONTINENCE**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFC1I01</td>
<td>Intensity</td>
</tr>
<tr>
<td>CFC1I02</td>
<td></td>
</tr>
<tr>
<td>CFC1I03</td>
<td></td>
</tr>
</tbody>
</table>

**ELIMINATION DISORDERS**

**ELIMINATION DISORDERS**

NOCTURNAL ENURESIS
Urine passed involuntarily in bed or underwear.

Do not include episodes of wetting directly and exclusively associated with marked physical illness, or wetting that is directly and exclusively associated with lack of toilet facilities.

**Have you ever wet your bed?**

- Has this happened recently?
- When was the last time that it happened?

**MONTHS OF AGE WHEN LAST WET PRECEDING 1 YEAR'S CONTINENCE**

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<thead>
<tr>
<th>Codes</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFC0I01</td>
<td>Ever</td>
</tr>
<tr>
<td>CFC0I02</td>
<td>Intensity</td>
</tr>
<tr>
<td>CFC0I03</td>
<td>Age of first nocturnal continence</td>
</tr>
<tr>
<td>CFC0F01</td>
<td>Onset</td>
</tr>
<tr>
<td>CFC0O01</td>
<td>/ /</td>
</tr>
</tbody>
</table>

DIURNAL ENURESIS

**How about wetting your pants in the daytime?**

- What happens?
- How often does that happen?

**IF WET IN THE LAST THREE MONTHS, ASK:**

- When you were younger, were you ever dry for as long as a year?
- When did you start wetting again?
### Definitions and questions

**MONTHS OF AGE WHEN LAST WET PRECEDING 1 YEAR'S CONTINENCE**

**ENCOPRESIS**
The passage of stool in inappropriate places.

**Have you ever messed your pants?**

- What happens?
- Establish that bowel, not urinary, function is being asked about.
- How did that happen?
- How many times has that happened?
- Where does it happen?
- What are your "motions" like?
- Formed or loose?
- Can you control your "motions"?
- Have you ever made a mess somewhere that wasn't in a toilet?
- Where?
- What happened?
- Have you ever smeared your "motions"?
- Question to determine whether the child has, or has ever had, voluntary control over defecation
- When did you start to mess your pants again?

### Coding rules

<table>
<thead>
<tr>
<th>AGE OF FIRST DIURNAL CONTINENCE</th>
<th>CFC1I03</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CFC1F01</td>
</tr>
<tr>
<td></td>
<td>CFC1O01</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ENCOPRESIS</th>
<th>CFC2I01</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>CFC2F01</td>
</tr>
<tr>
<td>1 = Underwear is occasionally severely stained with feces but no actual lumps of motion</td>
<td></td>
</tr>
<tr>
<td>3 = Stools selectively deposited, with apparent control, in clearly inappropriate places (such as in the piano or a drawer)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAL REASON FOR SYMPTOM</th>
<th>CFC2I02</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONSISTENCY OF STOOL</th>
<th>CFC2I03</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 = Loose/slimy/unformed</td>
<td></td>
</tr>
<tr>
<td>3 = Formed</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRIMARY/SECONDARY</th>
<th>CFC2I04</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 = Previous period of bowel control lasting 6 months or longer</td>
<td></td>
</tr>
<tr>
<td>3 = No previous periods of bowel control</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SMEARING</th>
<th>CFC2I05</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 = No smearing</td>
<td></td>
</tr>
<tr>
<td>3 = Stools deliberately smeared on self or walls or other objects (include anal masturbation here)</td>
<td></td>
</tr>
</tbody>
</table>
**CONSTITUTION**

Frequency of passage of motion reduced by at least one third, compared with subject's usual state, lasting for at least 1 week.

*Do you have any problems with constipation - I mean not being able to pass a motion?*

MAKE SURE THE SUBJECT IS CLEAR THAT YOU ARE ASKING ABOUT BOWEL HABITS, NOT MICTURITION.

How often do you "pass a motion"? 
Has that changed? 
Is it hard to go when you do? 
Is it painful? 
When did you start to get "constipated"?

**Coding rules**

**CONSTITUTION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No constipation</td>
</tr>
<tr>
<td>2</td>
<td>Reduced frequency but normal consistency</td>
</tr>
<tr>
<td>3</td>
<td>Reduced frequency of motions unusually hard in consistency</td>
</tr>
</tbody>
</table>

**MEDICAL REASON FOR SYMPTOM**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
</tbody>
</table>
**TICS AND TRICOTILLOMANIA**

*Tics are sudden, rapid, stereotyped, repetitive, non-rhythmic, predictable, purposeless, coordinated contractions of functionally related muscle groups. They can usually be suppressed voluntarily for a time and can usually be imitated. To be coded at all, tics should have occurred at least 10 times each day for at least a week during the past three months.*

**TRICOTILLOMANIA**

Recurrent pulling out of one’s own hair, resulting in noticeable hair loss from scalp, eyebrows, eyelashes, and/or beard.

Do not include hair loss because of radiation therapy.

**Do you ever pull your hair out?**

**Do you pull out hair from your head, face, eyebrows, or eyelashes?**

What do you feel like when you do it?

Do you feel tense just before you do that?

Do you feel better after you do it?

Can you stop yourself from doing it?

Have you pulled out so much that other people have noticed?

Have you done it in the past 3 months?

When did you first start doing it?

<table>
<thead>
<tr>
<th>Codes</th>
<th>Coding rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td><strong>CFC4I01</strong> Intensity</td>
</tr>
<tr>
<td>1 = No obvious hair loss.</td>
<td><strong>CFC4001</strong> Onset</td>
</tr>
<tr>
<td>2 = Noticeable but partial hair loss.</td>
<td><strong>CFC4I02</strong> TENSION BEFORE PULLING HAIR OUT</td>
</tr>
<tr>
<td>3 = Most or all hair on scalp is missing.</td>
<td><strong>CFC4I03</strong> RELIEF AFTER PULLING HAIR OUT</td>
</tr>
</tbody>
</table>

0 = Absent

1 = No obvious hair loss.

2 = Noticeable but partial hair loss.

3 = Most or all hair on scalp is missing.

0 = Absent

2 = Subject experiences a building sense of tension prior to hair pulling

2 = Subject experiences a relief of tension as a result of hair pulling
### Definitions and questions

#### REPORTED MOTOR TICS

Tics are sudden, rapid, stereotyped, repetitive, non-rhythmic, predictable, purposeless, coordinated contractions of functionally related muscle groups. They can usually be suppressed voluntarily for a time and can usually be imitated.

To be coded at all, tics should have occurred at least 10 times each day for at least a week during the past three months.

**Do you have any twitches, like winking, that people notice?**

**What do you do?**
**Can you show me?**
**How often does that happen?**
**Can you stop yourself?**
**When did that start?**

### REPORTED PHONIC TICS

Phonic tics are sudden, rapid, stereotyped, repetitive, predictable, purposeless, phonic productions.

To be coded at all, tics should have occurred at least 10 times each day for at least a week during the past three months.

**Do you often make strange noises like grunting or screeching?**

**How often?**
**What sort of noises?**
**When did that start?**

### Coding rules

<table>
<thead>
<tr>
<th>REPORTED MOTOR TICS</th>
<th>CFC5I01</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Single motor tics.</td>
<td></td>
</tr>
<tr>
<td>3 = More than one type of tic.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FREQUENCY PER HOUR</th>
<th>CFC5F01</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Less than 10 per hour.</td>
<td></td>
</tr>
<tr>
<td>2 = More than 10 per hour.</td>
<td></td>
</tr>
<tr>
<td>3 = More than 100 per hour.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REPORTED PHONIC TICS</th>
<th>CFC6I01</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Single phonic tic type.</td>
<td></td>
</tr>
<tr>
<td>3 = More than one type of tic (includes coprolalia)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FREQUENCY PER HOUR</th>
<th>CFC6F01</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Less than 10 per hour.</td>
<td></td>
</tr>
<tr>
<td>2 = More than 10 per hour.</td>
<td></td>
</tr>
<tr>
<td>3 = More than 100 per hour.</td>
<td></td>
</tr>
</tbody>
</table>
**Definitions and questions**

**COPROLALIA**
A complex phonic tic resulting in the uttering of obscenities.

*Do you sometimes utter swear words, or dirty words in that way?*

*Can you show me what you do?*

*When did that start?*

---

**Coding rules**

**COPROLALIA**

<table>
<thead>
<tr>
<th>Code</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
</tbody>
</table>

**Codes**

- CFC7001 Intensity
- CFC7001 Onset

[Blank boxes for intensity and onset]
**OPPOSITIONAL/CONDUCT DISORDER**

**SECTION**

**OPPOSITIONAL BEHAVIOR**

**REMEMBER TO GET EXAMPLES AND BEHAVIORAL DESCRIPTIONS**

**RULE BREAKING**
Violation of standing rules at school/college/university or elsewhere but NOT at home.

N.B. "Rule-breaking" at home is rated as disobedience since families do not have formal rules.

Do not include breaking laws or violating parole.

*How good are you at obeying the rules at school?*

*What happens if you don’t?*

*What sort of rules do you break?*

*Do you break the rules anywhere else?*

Tell me about the last time it happened.

*Do you get into trouble?*

How often do you break the rules?

*When did you start breaking rules?*

*Do you do it on your own or with other people?*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CGA0101</td>
<td>Intensity</td>
</tr>
<tr>
<td>CGA0F01</td>
<td>Frequency</td>
</tr>
<tr>
<td>CGA0F02</td>
<td></td>
</tr>
<tr>
<td>CGA0X01</td>
<td>Onset</td>
</tr>
<tr>
<td>CGA0O01</td>
<td></td>
</tr>
</tbody>
</table>

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**RULE BREAKING**

- 0 = Absent
- 2 = The child breaks rules relating to at least 2 activities, and at least sometimes responds to admonition by public failure to comply.
- 3 = If rule breaking occurs in most activities and the child sometimes responds to admonition by disputing or challenging the authority of the person admonishing him/her.

**SOLITARY/ACCOMPANIED**

- 0 = Solitary
- 2 = Often accompanied (25-49% of the time).
- 3 = Accompanied 50% or more of the time.
Definitions and questions

DISOBEDIENCE
Failure to carry out specific instructions when directly given.

What happens when you’re told to do things by your parents and you don’t want to do them?

What about with teachers?

Are you disobedient anywhere (else)?

When was the last time?
What happened?
Can they usually get you to do what they want in the end?
How do they do it?
How long have you been like that?
How often do you disobey?
When did you start doing that?

Coding rules

DISOBEDIENCE
0 = Absent
2 = Disobedience occurs in at least 2 activities, and child is at least sometimes unresponsive to admonition.
3 = Disobedience may occur in most activities and the child sometimes responds to admonition by disputing or challenging the authority of the person admonishing him/her.

HOME
CGA1F01
Intensity

DAYCARE/SCHOOL
CGA1F02
Frequency

ELSEWHERE
CGA1F03
Frequency

SOLITARY/ACCOMPANIED
0 = Solitary
2 = Often accompanied (25-49% of the time).
3 = Accompanied 50% or more of the time.

CGA1O01
Onset

CGA1X01

BREAKING CURFEW
Staying out late despite parental prohibitions. Do not include accidental lateness caused by circumstances over which the subject had little or no control.

Do not include breaking curfew imposed by probation/parole, which is coded as probation/parole violation.

Do you have a curfew?
How good are you at keeping it?
Do you ever get in later than you are supposed to?

What happens then?
When did you start staying out late?
Did you get into trouble over it?

Coding rules

BREAKING CURFEW
0 = No
2 = Yes

Codes

CGJ1I01 Intensity
CGJ1F01 Frequency
CGJ1O01 Onset
Definitions and questions

**ANNOYING BEHAVIOR**

Indulgence in active behaviors that annoy or anger peers, siblings, or other adults. The child's intention need not be to annoy, but the behaviors would obviously annoy their recipient.

Do not include annoying behaviors that are the result of unintentional acts, for instance, annoyance caused by clumsiness, or failure to understand the rules of games.

Do not include behaviors that conform to the definitions of Rule Breaking and Disobedience.

**Do you find that other people get annoyed by things you do?**

Like what?

**D you ever do things deliberately to annoy other people?**

**Or do you find that other people get annoyed because of the things you do for fun?**

What happens?

**Can you tell me about the last time?**

**Where do you do those sorts of things?**

**How often does something like that happen?**

**When did it start?**

### Coding rules

#### ANNOYING BEHAVIOR

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Annoying behavior occurs in at least 2 activities and subject is at least sometimes unresponsive to admonition.</td>
</tr>
<tr>
<td>3</td>
<td>Annoying behavior occurs in most activities and the subject sometimes responds to admonition by disputing or challenging the authority of the person admonishing him/her.</td>
</tr>
</tbody>
</table>

#### HOME

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</table>

#### DAYCARE/SCHOOL

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
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#### ELSEWHERE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
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<td></td>
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</tbody>
</table>

#### SOLITARY/ACCOMPANIED

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Solitary</td>
</tr>
<tr>
<td>2</td>
<td>Often accompanied (25-49% of the time).</td>
</tr>
<tr>
<td>3</td>
<td>Accompanied 50% or more of the time.</td>
</tr>
</tbody>
</table>

#### Onset

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
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<td></td>
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</tbody>
</table>
## Definitions and questions

### SPITEFUL OR VINDICTIVE

**Spiteful:** The child engages in deliberate actions aimed at causing distress to another person.

**Vindictive:** The child responds to failure to get his/her own way, disappointment, or interpersonal disagreement with adults or peers with deliberate attempts to hurt the other or gain revenge. For instance, by pinching, pushing or attempting to get the other person into trouble.

Do not include behaviors coded under Assault, Cruelty, Bullying, Lying, or Malicious Rumors.

**Do you ever do things to upset other people on purpose?**

**Or try to hurt them on purpose?**

**Do you ever try to get other people into trouble on purpose?**

**What do you do?**
**What about during the last 3 months?**
**Why do you do it?**
**How often has that happened?**
**Where does that sort of thing happen?**
**Who have you done it to?**
**What about with adults?**
**When did you start doing that sort of thing?**

### Coding rules

**SPITEFUL OR VINDICTIVE**

- 0 = Absent
- 2 = Present

**HOME**

- CGA3I01 Intensity
- CGA3F01 Home Frequency

**DAYCARE/SCHOOL**

- CGA3F02 Daycare/School Frequency

**ELSEWHERE**

- CGA3F03 Elsewhere Frequency
- CGA3O01 Onset

**DIRECTED AGAINST SIBLINGS**

- CGA3X01

**DIRECTED AGAINST PEERS**

- CGA3X02

**DIRECTED AGAINST ADULTS**

- CGA3X03
### Definitions and questions

**SWEARING**

The use of swear words or obscene language not approved or countenanced by adults in whose presence they are spoken.

Do not include swearing among peers when adults are not present, or with adults who are tolerant of swearing (i.e., do not object to their child's swearing).

**Do you ever swear when adults are around?**

*When does that happen?*
*Where do you do it?*
*How often?*
*Do they tell not to?*
*What do you do then?*
*When did you start swearing in front of adults?*

**CODE NUMBER OF EPISODES OF SWEARING (NOT NUMBER OF INDIVIDUAL OBSCENE WORDS)**

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>CGA4I01</td>
</tr>
<tr>
<td>2 = Swears in presence of adults, but usually (&gt;50% of time) stops when admonished.</td>
<td></td>
</tr>
<tr>
<td>3 = Swearing in the presence of adults, that is not controlled by admonition.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOME</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CGA4F01 Home Frequency</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DAYCARE/SCHOOL</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CGA4F02 Daycare/ School Frequency</td>
<td></td>
</tr>
</tbody>
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<table>
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<tr>
<th>ELSEWHERE</th>
<th>Codes</th>
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<tbody>
<tr>
<td>CGA4F03 Elsewhere Frequency</td>
<td></td>
</tr>
<tr>
<td>CGA4O01 Onset</td>
<td>/ /</td>
</tr>
</tbody>
</table>

---

**FOR REVIEW ONLY**
Definitions and questions

STEALING

Taking something belonging to another with the intention of depriving the owner of its use.

Do not include items intended eventually for general distribution that will include the subject (such as general food from the refrigerator or school erasers).

STEALING - HIGHEST VALUE OF ITEMS STOLEN IN SINGLE EPISODE

Taking something belonging to another with the intention of depriving the owner of its use.

Do not include items intended eventually for general distribution that will include the subject (such as general food from the refrigerator or school eraser.)

Have you ever stolen anything?

Have you stolen anything in the last 3 months?

Have you ever broken into anywhere?

Have you ever taken a car or motorbike?

How often?
What did you steal?
Who did you steal it from?
Did you steal on your own or with anyone else?
Why did you do it?
How often have you stolen anything in the last 3 months?
When was the first time you stole anything?
What is the most you have ever stolen at one time?

How much is that worth?

How many times have you ever stolen something?

IF THERE IS EVIDENCE OF STEALING IN THE PAST 3 MONTHS, COMPLETE. OTHERWISE, SKIP TO "BREAKING PROMISES", (PAGE 16).
**Definitions and questions**

**STEALING AT HOME OR FROM FAMILY**

*Have you stolen anything at home or from family?*

*Who did you steal it from?*
*What did you steal?*
*Did you steal on your own or with anyone else?*

*How often have you stolen anything from home or family in the last 3 months?*

*When was the first time you stole anything from home or from family?*

**Coding rules**

- **STEALING AT HOME OR FROM FAMILY**
  - 0 = No
  - 2 = Yes

- **STEALING ITEMS NOT AVAILABLE FOR GENERAL USE BUT NOT AIMED AGAINST A PARTICULAR PERSON**
  - 0 = No
  - 2 = Yes

- **STEALING DIRECTED SPECIFICALLY AGAINST A PARTICULAR PERSON OR PERSONS**
  - 0 = No
  - 2 = Yes

**Codes**

- CGA6X01 Intensity
- CGA6I01
- CGA6I02
- CGA6F01 Frequency
- CGA6O01 Onset

/ /
Definitions and questions

**STEALING AT SCHOOL**

*Have you stolen anything from school in the last 3 months?*

- What did you steal?
- Who did you steal it from?
- Did you steal on your own or with anyone else?
- Why did you do it?

- How often have you stolen anything in the last 3 months?
- When was the first time you stole anything from school/work?

Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
</table>
| CGA7X01 | STEALING AT SCHOOL  
0 = No 
2 = Yes |
| CGA7I01 | STEALING ITEMS NOT AVAILABLE FOR A GENERAL USE BUT NOT AIMED AGAINST A PARTICULAR PERSON  
0 = No 
2 = Yes |
| CGA7I02 | STEALING DIRECTED SPECIFICALLY AGAINST A PARTICULAR PERSON OR PERSON  
0 = No 
2 = Yes |
| CGA7F01 | Frequency  
/ / |
| CGA7O01 | Onset  
/ / |
**Definitions and questions**

**STEALING ELSEWHERE**

*Have you stolen anything elsewhere in the last 3 months?*
*What did you steal?*
*Who did you steal it from?*
*Did you steal on your own or with anyone else?*
*Why did you do it?*

*How often have you stolen anything in the last 3 months besides at home, school, or work?*

*When was the first time you stole anything outside home, school or work?*

---

**Coding rules**

**STEALING ELSEWHERE**

0 = No
2 = Yes

**STEALING ITEMS NOT AVAILABLE FOR GENERAL USE BUT NOT AIMED AGAINST A PARTICULAR PERSON**

0 = No
2 = Yes

**STEALING DIRECTED SPECIFICALLY AGAINST A PARTICULAR PERSON OR PERSONS**

0 = No
2 = Yes
PATTERNS OF STEALING

Note: Shoplifting - Stealing, alone or in company, from a shop that is open for business. The act is covert and does not involve confrontation with the shop staff or members of the public. Detection may provoke a confrontation, but the intention is to avoid it.

Were you on your own or with anybody else?
Did anyone find out?
What did they do?
What happened as a result?
Have you stolen anything else?
Or taken anything from a store?
What did you do?

PATTERNS OF STEALING - BREAKING AND ENTERING

Breaking and entering: Includes breaking into a house, building, store to steal. Code breaking into a car separately.

Have you broken into anywhere in the last three months?
Have you ever broken into anywhere?
What about breaking into a car?
How many times have you ever broken into anywhere?
When was the first time you broke into anywhere?

Coding rules

STEALING IN PRIMARY PERIOD
0 = Absent
2 = Present

STEALING ALONE
0 = Absent
2 = Present

STEALING WITH ONE OTHER
0 = Absent
2 = Present

STEALING IN A GROUP
0 = Absent
2 = Less than 50% of the time.
3 = More than 50% of the time.

SHOPLIFTING
0 = Absent
2 = Present

BREAKING AND ENTERING
0 = Absent
2 = Present

EVER: BREAKING AND ENTERING
0 = Absent
2 = Present
Definitions and questions

PATTERNS OF STEALING - BREAKING INTO A CAR

Breaking into a car to steal.

Have you broken into a car to steal something?
Have you ever broken into a car to steal something?
How many times have you ever broken into a car?
When was the first time you broke into a car to steal?

PATTERNS OF STEALING - STEALING MOTOR VEHICLE OR TAKING AND DRIVING AWAY

Includes attempts to steal a motor vehicle; also occasions when subject takes and drives away a car/motorcycle, even if s/he does not intend to steal it but rather to use it for his/her own purposes in an unauthorized way (e.g. joy rides).

Have you broken into a car to steal something?
Have you ever taken a car or motor-bike?
What did you do?
Did anyone find out?
What did they do?
**PATTERNS OF STEALING - STEALING INVOLVING CONfrontATION OF THE VICTIM, BUT WITHOUT ACTUAL VIOLENCE**

The victim is directly confronted and money or goods are demanded, threats may be made directly or implicitly (e.g. by the presence of a weapon), but no actual violence is done.

Have you threatened anyone to make them give you something?

Have you ever threatened anyone to make them give you something?

How many times have you ever threatened anyone to make them give you something?

---

**PATTERNS OF STEALING - STEALING INVOLVING ACTUAL VIOLENCE**

The victim is directly confronted or set upon in some way and some violent action actually takes place. For instance, the victim might be kicked or punched.

Have you mugged anyone?

Did you hurt him/her?

How much?

Have you ever mugged anyone?

How many times have you ever mugged someone?

When was the first time?
Definitions and questions

PATTERN OF STEALING - STEALING INVOLVING VIOLENCE RESULTING IN SERIOUS INJURY

As a result of violence committed during stealing, the victim sustained broken limbs, or required hospitalization, or was unconscious for any period.

Have you mugged anyone and caused serious injury?

Have you ever mugged anyone and caused serious injury?

How often have you mugged someone and caused serious injury?

When was the first time you seriously injured someone in a mugging situation?

PATTERNS OF STEALING - USE OF WEAPON

Use of any item that could be used to threaten or intimidate a victim. Include carrying a weapon even if it is concealed and not used.

Have you carried a weapon when you stole something?

What?
Did you use it?

Have you ever carried a weapon when you stole something?

How many times have you ever carried a weapon when you stole something?

When was the first time you carried a weapon to steal?

Coding rules

<table>
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<tr>
<th>STEALING INVOLVING VIOLENCE RESULTING IN SERIOUS INJURY</th>
<th>CGB8I01</th>
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</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>

EVER: STEALING INVOLVING VIOLENCE RESULTING IN SERIOUS INJURY

| 0 = Absent | 2 = Present |

EVER:CGB8E01

Intensity

EVER:CGB9V01

Frequency

CGB9O01

Onset

USE OF WEAPON

| 0 = Absent | 2 = Carried weapon while stealing. | 3 = Used weapon to threaten victim. |

EVER: USE OF WEAPON

| 0 = Absent | 2 = Carried weapon while stealing. | 3 = Used weapon to threaten victim. |

EVER:CGC0E01

Intensity

EVER:CGC1V01

Frequency

CGC1O01

Onset

/ /
### OUTCOME OF STEALING

**IF SUSPENDED OR EXPELLED FROM SCHOOL BECAUSE OF STEALING, CODE HERE AND UNDER SCHOOL SUSPENSION, IN-SCHOOL SUSPENSION OR SCHOOL EXPULSION.**

**CODE POLICE INVOLVEMENT UNDER POLICE CONTACT.**

**Did you get caught at all in the last 3 months?**
What happened?
**Did you get punished?**
**Were the police involved?**
What happened?

### Coding rules

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>CGC2X01</th>
<th>CGC2I01</th>
<th>CGC2I02</th>
<th>CGC2I03</th>
<th>CGC2I04</th>
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<tbody>
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<td></td>
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<td></td>
</tr>
<tr>
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<td>Present</td>
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</tbody>
</table>

### Codes

- **CGC2X01**: Intensity
- **CGC2I01**: Activities with Peers Restricted
- **CGC2I02**: Activities with Adults Restricted
- **CGC2I03**: Other Punishment by Family or Others
- **CGC2I04**: Banned from Premises or Organizations/Suspended or Expelled from School/College/University
BREAKING PROMISES
Failure to carry out actions for which a direct commitment has been given to another person. Do not include behavior that meets criteria for lying.

*How good are you at keeping promises?*

*Have you broken any promises in the last 3 months?*

What happened?
What did you do?
Have you broken any promises to "parental figures" or "siblings"?
What about at school?
Have you broken any promises to anyone else?

**Coding rules**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>CGJ2I01</td>
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**HOME**

<table>
<thead>
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<th>Codes</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>CGJ2F01</td>
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**DAYCARE/SCHOOL**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Frequency</th>
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**ELSEWHERE**

<table>
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<th>Codes</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>CGJ2F03</td>
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<table>
<thead>
<tr>
<th>Codes</th>
<th>Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>CGJ2O01</td>
<td></td>
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</tbody>
</table>
**Definitions and questions**

**DECEPTION**

**LYING**
Distortion of the truth with intent to deceive others.

*Most people tell lies sometimes. What sort of lies have you told in the last 3 months?*

What about?  
Who to?  
Where?  
Why did you do it?  
Was it to get out of trouble?  
Where do you tell lies?  
How often do you tell lies?  
When did you start telling lies?  
*Did you ever tell lies to get out of things you don’t want to do?*

What happens when your caught doing something wrong?  
When something goes wrong that’s your fault, do you admit it?

**Coding rules**

**LYING**

0 = Absent  
2 = Lies told for gain, or to get out of school attendance etc., or to escape school punishment, in at least 2 activities that do not result in others getting into trouble.

**HOME**

**DAYCARE/SCHOOL**

**ELSEWHERE**

**SOLITARY/ACCOMPANIED**

0 = Solitary  
2 = Often accompanied (25-49% of the time).  
3 = Accompanied 50% or more of the time.

**Codes**

<table>
<thead>
<tr>
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<tr>
<td>CGC3F02</td>
<td>Daycare/ School Frequency</td>
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<tr>
<td>CGC3F03</td>
<td>Elsewhere Frequency</td>
</tr>
<tr>
<td>CGC3X01</td>
<td>SOLITARY/ACCOMPANIED</td>
</tr>
</tbody>
</table>
**BLAMING**

*Do you lie if you think you can get out of trouble by blaming someone else?*

*Do your lies get others into trouble?*

*Could they?*  
*What do you do?*  
*What is the result?*  
*How often do you do this?*  
*When did you start doing it?*

---

**Coding rules**

**BLAMING**

<table>
<thead>
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<th>Code</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Lies in at least 2 activities, that result in others being blamed for subject's misdemeanors or otherwise getting into trouble or lies which, if believed, would have the same result.</td>
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</tbody>
</table>

**HOME**

| CGJ3F01 | Home Frequency |

**DAYCARE/SCHOOL**

| CGJ3F02 | Daycare/ School Frequency |

**ELSEWHERE**

| CGJ3F03 | Elsewhere Frequency |

**Onset**

| CGJ3001 | Onset |

**SOLITARY/ACCOMPANIED**

| CGJ3X01 | |

---

**Codes**

<table>
<thead>
<tr>
<th>CGJ3I01</th>
<th>Intensity</th>
</tr>
</thead>
</table>
Definitions and questions

**PSEUDOLOGIA**
Distortion of truth with intent to deceive others, with a fantastical quality in which no immediate gain is apparent beyond self-aggrandizement.

*Do you ever make up stories about yourself?*

*Or pretend to be someone you’re not?*

*Or something you’re not?*

What do you say?
How often do you do that?
Who do you do it with?
Has that happened in the last 3 months?
When did you start doing it?

Coding rules

**PSEUDOLOGIA**

0 = Absent

2 = Fantastic lies told in at least 2 settings and at least sometimes uncontrollable.

3 = Fantastic lies told in most settings and nearly always uncontrollable.

HOME

CGj4F01 Home Frequency

DAYCARE/SCHOOL

CGj4F02 Daycare/School Frequency

ELSEWHERE

CGj4F03 Elsewhere Frequency

CGj4O01 Onset

//
CON-ARTISTRY
Lying in order to obtain goods or favors with a monetary value of at least $10.

Have you ever tried to con anyone to get them to give you something?

Or to do you a favor?

Or tried to trick them to get money or something else? What happened?

Coding rules

CON-ARTISTRY
0 = Absent
2 = Simple lies.
3 = “Scam” involving at least some planning to develop and implement scheme.

SOLITARY/ACCOMPANIED
0 = Solitary
2 = Often accompanied (25-49% of the time).
3 = Accompanied 50% or more of the time.
**Definitions and questions**

**CHEATING**
Attempts to gain increased marks at school or increased success in other settings by unfair means.

*Do you ever cheat?*

*In tests or exams?*
*Or games?*

*What about copying homework?*

*Anywhere else?*
*What about during the last 3 months?*
*How often does you cheat?*
*When did you start cheating?*
*Have you ever been caught?*
*What happened?*
*What did the school do?*
*What did your parents do?*

**Coding rules**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>CGC5I01</td>
<td>Intensity</td>
</tr>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Cheating in at least 2 activities and at least sometimes not responsive to admonition if caught.</td>
</tr>
<tr>
<td>3</td>
<td>Cheating may occur in many or most activities and is hardly ever responsive to admonition if caught.</td>
</tr>
</tbody>
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<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
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<tr>
<td>CGC5F02</td>
<td>Daycare/School Frequency</td>
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<td>Elsewhere Frequency</td>
</tr>
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</table>
MINOR FORGERY
Deliberate non-illegal imitation of documents, letters or signatures for the subject's own ends.

Includes getting others to forge documents for the subject's purposes, but do not include illegal acts.

Have you ever faked sick notes for school?
Or faked your signature on report cards?

When?
Why?

What was the result?
How often have you done it?
When was the first time?
Definitions and questions

MAJOR FORGERY
Deliberate illegal imitation of documents, letters or signatures for the subject's own ends.

Include getting others to forge documents for the subject's purposes.

Include only illegal acts.

Have you ever forged a fake ID?
Or anything else?
Have you gotten anyone else to forge anything for you?

When?
Why?
What was the result?

How often have you done it?
When was the first time?

Coding rules

EVER: MAJOR FORGERY

0 = No
2 = Illegal acts such as credit card fraud, forging a fake ID, etc.

CGj5O01
Onset

CGj5I01
Intensity

CGj5F01
Home

CGj5F02
Daycare/ School

CGj5F03
Elsewhere

CGj5X01

SOLITARY/ACCOMPANIED

0 = Solitary
2 = Often accompanied (25-49% of the time).
3 = Accompanied 50% or more of the time.
RUNNING AWAY FROM HOME

Leaving the home with the deliberate intention of staying away temporarily or permanently.

N.B. "EVER" CODED IF SUBJECT HAS RUN AWAY BUT NOT IN LAST 3 MONTHS.

Hasve you ever run away from home?

When was that?
Have you run away from home in the last 3 months?
How long for?
Why did you run away?
How often have you run away?
What did you do?
Did they contact the police?
What happened?
Why did you come back?
What did your family (caretakers) do then?
When was the first time you ran away?

Enter only if at intensity level "3"

RUNNING AWAY FROM HOME

0 = Absent
2 = Intending to stay away at time of leaving, but returning or returned before away overnight. Some preparations to allow the subject to have stayed away should have occurred such as packing a bag, taking some treasured possessions, or buying a one way tick
3 = As 2, and away at least overnight.

SOLITARY/ACCOMPANIED

0 = Absent
2 = Treatment for alcohol.
3 = Treatment for drugs.
4 = Treatment for both.

RUNNING AWAY FROM HOME OVERNIGHT

0 = Absent
2 = Present

RUNNING AWAY FROM HOME OVERNIGHT - FREQUENCY

DAYS

ONSET - RUNNING AWAY
ACCESS TO WEAPONS

Access to weapons, such as handguns, shotguns, semi-automatics, machine guns.

GUNS

Does anyone in your household keep a gun in the house or car?

Do you have your own gun?

Do you have other access to a gun?

Who does it belong to?
What kind of gun?
A handgun?
A rifle or shotgun?
Some other kind?

IF NO ACCESS TO/POSSESSION OF GUN, SKIP TO "KNIVES", (PAGE 27).

ACCESS TO GUN

CGC9I01

0 = Absent
1 = Family member has gun, but subject does not have access because gun is locked up.
2 = Subject has access to gun belonging to family member or friend, but does not have own gun.
3 = Subject has own gun(s) and may have access to other guns as well.

HANDGUN

CGC9I02

0 = Absent
2 = Present

SHOTGUN OR RIFLE

CGC9I03

0 = Absent
2 = Present

OTHER GUN (SEMI-AUTOMATIC, MACHINE GUN, ETCETERA)

CGC9I04

0 = Absent
2 = Present
CURRENTLY CARRIES A GUN
Do you carry a gun when you go out?
Why?
Where do you go with it?
How often have you carried a gun in the past 3 months?

TAKES GUN TO SCHOOL

GUNS - ACCOMPLICE TO SHOOTING
Have you ever been there when someone else shot at someone?
Have you ever shot another person?

GUNS - SHOT AT ANOTHER PERSON
Have you ever shot at anybody?
IF HAS SHOT AT ANOTHER PERSON, ASK NEXT SET OF QUESTIONS.
Did you hit them?
What happened to them?
What happened to you?

CURRENTLY CARRIES A GUN
0 = Has not carried a gun in last 3 months
2 = Sometimes has carried a gun
3 = Usually carries a gun

TAKES GUN TO SCHOOL/COLLEGE/UNIVERSITY
0 = No
2 = Sometimes
3 = Usually

EVEN: ACCOMPLICE TO SHOOTING
0 = No
2 = Yes

ACCOMPLICE TO SHOOTING
0 = No
2 = Yes

EVEN: SHOT AT ANOTHER PERSON
0 = No
2 = Yes

EVER: INJURED ANOTHER WITH A GUN
0 = No
2 = Yes
KNIVES
*Have you ever carried a knife as a weapon or for protection?*

How often have you carried it in the past 3 months?
Where do you carry it?
Have you taken it to school?
Have you ever used it in a fight or to threaten somebody?

For review only

CURRENTLY CARRIES KNIFE
0 = Has not carried a knife in this 3 months
2 = Sometimes has carried a knife
3 = Usually carries a knife

TAKES KNIFE TO SCHOOL
0 = No
2 = Sometimes
3 = Usually

EVER: USED KNIFE IN FIGHT OR TO THREATEN
0 = No
2 = Yes

EVER: INJURED ANOTHER WITH A KNIFE
0 = No
2 = Yes

OTHER WEAPONS
*Have you ever carried anything else as a weapon or for protection?*

Like brass knuckles?
Or chains?
Or a BB gun?
Or a pellet gun?
For boys, ask,

Or a bat?
How often have you carried it in the past 3 months?
Where do you carry it?
Have you taken it to school?

For review only

CURRENTLY CARRIES OTHER WEAPON
0 = Has not carried other weapon in this 3 months
2 = Sometimes has carried other weapon
3 = Usually carries other weapon

TAKES OTHER WEAPON TO SCHOOL
0 = No
2 = Sometimes
3 = Usually

Codes
OTHER SELF DEFENSE EQUIPMENT

Have you carried anything like mace or a stun gun?
IF GIRL, ASK,
Or bat to defend yourself?

CURRENTLY CARRIES SELF-DEFENSE EQUIPMENT
0 = Has not carried self-defense equipment this 3 months
2 = Sometimes has carried other self defense equipment
3 = Usually carries other self defense equipment

TAKES SELF DEFENSE EQUIPMENT TO SCHOOL
0 = No
2 = Sometimes
3 = Usually

CGD8101
Intensity

CGD9101

FOR REVIEW ONLY
CONDUCT PROBLEMS INVOLVING VIOLENCE

LOSING TEMPER
Discrete episodes of temper manifested by shouting or name calling but without violence and not meeting criteria for a temper tantrum.

What sort of temper have you got?

What happens when you lose your temper?

How often do you lose your temper?
When did that start?
TEMPER TANTRUMS

Discrete episodes of excessive temper, frustration or upset, manifested by shouting, crying or stamping, and involving violence or attempts at damage directed against people or property.

Violence or damage done here does not constitute Vandalism or Assault.

Do you ever get into a tantrum?

What do you do?
Tell me about the last time.
What do your parents (caretakers) do about it?
How long does it go on for?
How often does it happen?
When did it start?
N.B. INFORMATION OBTAINED HERE MAY ALSO BE RELEVANT TO TOUGHY OR EASILY ANNOYED, ANGRY OR RESENTFUL AND IRRITABILITY

Coding rules

TEMPer TANTRUMS
0 = Absent
2 = Non destructive violence directed only against property, (e.g. slamming doors, stamping, etc.).
3 = With destructive violence (e.g. smashing window) or violence against persons.

HOME

DAYCARE/SCHOOL

ELSEWHERE

HOURS : MINUTES

Codes

CGE1I01 Intensity
CGE1F01 Home Frequency
CGE1F02 Daycare/ School Frequency
CGE1F03 Elsewhere Frequency
CGE1D01 Duration
CGE1O01 Onset
**VANDALISM**
Damage to, or destruction of, property without the intention of gain.

**DO NOT INCLUDE WRITING ON SCHOOL DESKS.**

*Have you ever written on walls?*
Where?
What?

*Have you damaged or broken or smashed up anything?*

*What about public telephones?*

*What about school books or property?*
When was that?
Did you know the people whose stuff you "smashed"?
How often do you do that sort of thing?
When did you first do something like that?

<table>
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<th>Codes</th>
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<td>CGE2I01</td>
<td>Intensity</td>
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<tr>
<td>CGE2I02</td>
<td>Directed against communal property (e.g. public telephones)</td>
</tr>
<tr>
<td>CGE2I03</td>
<td>Directed against unknown individual's property</td>
</tr>
<tr>
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<td>Directed against known individual's property</td>
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<tr>
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<td>Solitary/accompanied</td>
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<tr>
<td>CGE2O01</td>
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</table>

*CGE2F01 Home Frequency*  
*CGE2F02 Daycare/School Frequency*  
*CGE2F03 Elsewhere Frequency*
Definitions and questions

FIRESETTING
Setting of unsanctioned fires.

Do not include burning individual matches or pieces of paper.

N.B. "EVER" CODED IF FIRE SETTING HAS OCCURRED BUT NOT IN LAST 3 MONTHS.

Do you like playing with fire?

Or burning things?

Have you ever started any fires in places where you’re not supposed to?

Why did you do it?
Where did you do it?
When did you do it?
Have you done it in the last 3 months?
Did anyone find out?
What happened?
How often have you done that sort of thing?
Do you start fires with other people or one your own?
How often do you start fires?
When was the first time you started a fire?
Have you ever done any damage with fire?

Coding rules

FIRESETTING
0 = Absent
2 = Deliberate setting of unsanctioned fires, but without intent to cause damage.
3 = Deliberate setting of unsanctioned fires with deliberate intent to cause damage.

HOME

DAYCARE/SCHOOL

ELSEWHERE

DIRECTED AGAINST COMMUNAL PROPERTY (E.G. PUBLISH TELEPHONES)
0 = No
2 = Yes

DIRECTED AGAINST UNKNOWN INDIVIDUAL’S PROPERTY
0 = No
2 = Yes

DIRECTED AGAINST KNOWN INDIVIDUAL’S PROPERTY
0 = No
2 = Yes

SOLITARY/ACCOMPANIED
0 = Solitary
2 = Often accompanied (25-49% of the time).
3 = Accompanied 50% or more of the time.
Definitions and questions

FIRESETTING
0 = Absent
2 = Deliberate setting of unsanctioned fires, but without intent to cause damage.
3 = Deliberate setting of unsanctioned fires with deliberate intent to cause damage.

Coding rules

Codes

Ever:CGE4E01
Intensity

Ever:CGE4V01
Frequency

Ever:CGE4O01
Onset
**Definitions and questions**

**VIOLENCE AGAINST PERSONS**

**FIGHTS**
Physical fights in which both (or all) combatants are actively initiating. Otherwise code as assault.

If subject is a victim of an attack and fights back only to protect him/herself, do not rate here or under Assault.

**Do you get into fights at all?**

**Have you gotten into any fights in the last 3 months?**

*Who with?*
*How often?*
*Tell me about the last fight you were in.*
*Was it a friendly fight?*
*Think of the worst fight you were in.*
*Did either (any) of you get hurt?*
*What happened?*
*Have you been in any fights that someone else broke up?*
*Who?*
*Why?*
*When did you start fighting?*

**Coding rules**

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**FIGHTS**

0 = Fights absent.
2 = Fights do not result in any physical injury to either party.
3 = Either combatant has sustained some physical injury as a result (e.g. black eye or cuts).

**HOME**

**DAYCARE/SCHOOL**

**ELSEWHERE**

**SOLITARY/ACCOMPANIED**

0 = Solitary
2 = Often accompanied (25-49% of the time).
3 = Accompanied 50% or more of the time.

**Onset**

0 = Solitary
2 = Often accompanied (25-49% of the time).
3 = Accompanied 50% or more of the time.
FIGHTS- RESULTING IN SERIOUS INJURY

As the result of a fight, either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

NOTE WHETHER ANY FURTHER ACTION WAS TAKEN BY YHE AUTHORITIES

Have you been in a fight where someone was badly hurt in the last three months?

Have you ever been in a fight where someone was badly hurt?

Coding rules

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<tr>
<td>Ever:CGE8O01</td>
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</tbody>
</table>

Ever: FIGHTS RESULTING IN SERIOUS INJURY

0 = None
2 = As a result of a fight either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.
ASSAULT
Attack upon or attempt to hurt another without the other's willful involvement in the contact.

If subject is the victim of an attack and fights back only to protect him/herself, do not rate here or under Fight.

N.B. "EVER" CODED IF ASSULTED HAS NOT OCCURED IN LAST 3 MONTHS.

Have you hurt or attacked anyone who didn’t want to fight you?

What was that?
When was that?
Whose fault was it?
How did it happen?
Did you hurt him/her? How much?
Why?

ASSAULT RESULTING IN SERIOUS INJURY

ASSAULT RESULTING IN SERIOUS INJURY

0 = Absent
2 = Present

ASSAULTS RESULTING IN SERIOUS INJURY

0 = None
2 = As a result, either combatant sustained broken limbs, required hospitalization, or was unconscious for any period

Coding rules

ASSAULT
0 = No assault
2 = Assaults did not result in any physical injury to either party
3 = The victim sustained some physical injury to either party (e.g. black eye or cuts)

HOME

DAYCARE/SCHOOL

ELSEWHERE

SOLITARY/ACCOMPANIED
0 = Solitary
2 = Often accompanied (25-49% of the time).
3 = Accompanied 50% or more of the time.

ASSAULT RESULTING IN SERIOUS INJURY

0 = Absent
2 = Present

ASSAULTS RESULTING IN SERIOUS INJURY

0 = None
2 = As a result, either combatant sustained broken limbs, required hospitalization, or was unconscious for any period
**ASSAULT WITH A WEAPON**

Physical aggression, attack upon, or attempt to hurt another without the other's willful involvement in the contact using a weapon.

*Have you ever used a weapon in an assault?*

*Like a knife or stone?*
*Were the police involved?*
*How often have you done anything like that?*
*Where have you done that sort of thing?*
*When was the first time you did anything like that?*
*Tell me about it.*

*When was the first time you used a weapon in an attack?*

IF ASSAULT OCCURRED, ASK ABOUT CRUELTY. OTHERWISE, SKIP TO "BULLYING", (PAGE 40).
### CRUELTY TO PEOPLE

An assault involving the deliberate inflicting of pain or fear on the victim beyond the "heat of the moment". Include beating, cutting or burning a restrained person, ritualized infliction of pain, and sadistic violence or terrorization.

**CODE ASSAULTS INVOLVING CRULITY HERE, NOT UNDER ASSULTS, IF NOT CERTAIN WHICH TO CODE, CODE UNDER ASSAULT.**

### CRUELTY RESULTING IN SERIOUS INJURY

**EVER: CRUELTY RESULTING IN SERIOUS INJURY**

0 = None

2 = As a result of cruelty either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

**CRUELTY RESULTING IN SERIOUS INJURY**

0 = None

2 = As a result of cruelty either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

### Definitions and questions

#### CRUELTY TO PEOPLE

- **0** = Absent
- **2** = Cruelty did not result in any physical injury to either party.
- **3** = The victim sustained some physical injury as a result (e.g. black eye or cuts).

#### HOME

- **CGF3F01**
  - Intensity

#### DAYCARE/SCHOOL

- **CGF3F02**
  - Daycare/School Frequency

#### ELSEWHERE

- **CGF3F03**
  - Elsewhere Frequency

#### SOLITARY/ACCOMPANIED

- **0** = Solitary
- **2** = Often accompanied (25-49% of the time).
- **3** = Accompanied 50% or more of the time.

#### CRUELTY RESULTING IN SERIOUS INJURY

- **Ever:CGF4E01**
  - Intensity

- **CGF4I01**
  - Intensity
Definitions and questions

Coding rules

Codes

USE OF WEAPON
0 = No
2 = Yes

CRUELTY RESULTING IN SERIOUS INJURY - USE OF WEAPON - FREQUENCY

CRUELTY RESULTING IN SERIOUS INJURY - USE OF WEAPON - ONSET
**BULLYING**

Attempts to force another to do something against his/her will by using threats or violence, or intimidation.

Do not include episodes that meet the criteria for stealing involving confrontation.

Differentiate from spiteful and vindictive which does not include attempts to force someone to do something against their wishes.

*Have you ever forced someone to do something s/he didn't want to do by threatening or hurting him/her?*

*Do you ever pick on anyone?*

Who was it?  
Why did you do it?  
How often?  
Where?  
When was the first time?  
Did you use a weapon of any sort?  
Where have you done that sort of thing?  
Where the police involved?

CODE FORCED SEXUAL ACTIVITY ON NEXT SYMPTOM

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<td>CGF7F01</td>
<td>Home Frequency</td>
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<td>Daycare/School Frequency</td>
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<td>Elsewhere Frequency</td>
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<td>CGF7E01</td>
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<td>Frequency</td>
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<td>CGF8O01</td>
<td>Onset</td>
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</table>
Definitions and questions

FORCED SEXUAL ACTIVITY
Have you ever made someone have sex with you when s/he didn’t want to?
Or have you kissed or fondled anyone who didn’t want you to?
Did you use a weapon of any sort?

SEXUAL ACTIVITY FOR GAIN
Engagement in sexual activity in order to obtain money, goods, or drugs.

IF DRUG RELATED, ALSO CODE UNDER SUBSTANCE-RELATED CRIME.

Have you ever had sex with someone to get something that you wanted?
How many times?
When did you first do that?

Coding rules

FORCED SEXUAL ACTIVITY
0 = Absent
2 = Using threats only.
3 = With actual violence.

USE OF WEAPON FOR FORCED SEXUAL ACTIVITY
0 = No
2 = Yes

USE OF WEAPON FOR FORCED SEXUAL ACTIVITY - FREQUENCY

USE OF A WEAPON FOR FORCED SEXUAL ACTIVITY - ONSET

SEXUAL ACTIVITY FOR GAIN
0 = Absent
2 = Present

SEXUAL ACTIVITY FOR GAIN - FREQUENCY

SEXUAL ACTIVITY FOR GAIN - ONSET

Codes

Ever:CGF9E01
Intensity

Ever:CGF9V01
Frequency

Ever:CGF9O01
Onset

Ever:CGH0E01

Ever:CGH0V01

Ever:CGH0O01

Ever:CGH1E01
Intensity

Ever:CGH1V01
Frequency

Ever:CGH1O01
Onset
Definitions and questions

**CRUELTY TO ANIMALS**
Deliberate activities involving hurting animals.
Do not include hunting.

N.B. "EVER" CODED IF NO CRUELTY TO ANIMALS IN LAST 3 MONTHS.

**Have you ever hurt an animal?**
- When?
- What happened? (Determine way of hurting)
- Have you ever killed an animal?
- Where did you do it?
- Why did you do it?
- How often have you done that?
- When was the first time?
CODE ONLY IF ACTS RESULTING IN OBVIOUS OR PERMANENT INJURY.

**Have you hurt an animal in the last 3 months**

**Coding rules**

**CRUELTY TO ANIMALS (CODE ONLY IF AT INTENSITY LEVEL 3)**

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<tbody>
<tr>
<td>0</td>
<td>Absent</td>
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<tr>
<td>2</td>
<td>Definite cruelty not resulting in obvious or permanent injury to the animal.</td>
</tr>
<tr>
<td>3</td>
<td>Acts resulting in obvious or permanent injury.</td>
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**FREQUENCY**

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**HOME**

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**DAYCARE/SCHOOL**

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**ELSEWHERE**

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**SOLITARY/ACCOMPANIED**

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<tr>
<td>0</td>
<td>Solitary</td>
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<tr>
<td>2</td>
<td>Often accompanied (25-49% of the time).</td>
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<td>3</td>
<td>Accompanied 50% or more of the time.</td>
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**LETTER WRITING, TELEPHONE CALLS, MALICIOUS RUMORS**

Sending nasty, obscene, cruel, or otherwise unpleasant anonymous letters to a person or persons; or making such telephone calls; or starting malicious rumors.

N.B. "EVER" CODED IF NO LETTER WRITING OR TELEPHONE CALLS IN LAST 3 MONTHS.

*Have you sent an anonymous letter to anyone in the last 3 months?*

*Or made an anonymous telephone call?*

*In the last 3 months, have you started rumors about anybody that weren't true?*

Who?  
When was that?  
Why did you do it?  
Were the police brought in?  
How often have you done it?  
When was the first time?

**EVER: LETTER WRITING, PHONE CALLS, OR MALICIOUS RUMORS**

Sending nasty, obscene, cruel, or otherwise unpleasant anonymous letters to a person or persons; or making such telephone calls; or starting malicious rumors.

N.B. "EVER" CODED IF NO LETTER WRITING OR TELEPHONE CALLS IN LAST 3 MONTHS.

*Have you ever sent an anonymous letter to anyone?*

*Or made an anonymous telephone call?*

*Have you ever started rumors about anybody that weren't true?*

Who?  
When was that?  
Why did you do it?  
Were the police brought in?  
How often have you done it?  
When was the first time?
POLICE CONTACT
Any involvement with police resulting from items recorded in Conduct Disorder section or any other behavior or suspected behavior for which a complaint could have been filed.

Do not include simple questioning such as being questioned about something the youth saw.

Do not include speeding tickets, unless they are associated with driving under the influence or reckless driving.

Have you ever been involved with the police?
What about in the last 3 months?

IF POLICE CONTACT HAS OCCURRED, COMPLETE DELINQUENCY SECTION. OTHERWISE, SKIP TO "PROBATION/PAROLE", (PAGE 46).
DELINQUENCY
ACTION TAKEN BY POLICE
IF SUBJECT EVER HAS BEEN CHARGED, CODE EVER:RESULT OF PROSECUTION
CODE EVER:TOTAL NUMBER OF DWI'S SEPARATELY FROM EVER: TOTAL NUMBER OF CHARGES. THEN CODE HIGHEST RESULT OF PROSECUTION FROM EITHER TYPE OF CHARGE.

ACTION TAKEN BY POLICE
0 = No further action
1 = Adjustment by police
2 = Adjustment by juvenile counselor
3 = Charged

RESULT OF PROSECUTION
0 = Charges dropped.
1 = Not guilty.
2 = Unsupervised probation/restitution.
3 = Community service.
4 = Supervised probation only.
5 = Supervised probation with treatment order.
6 = Treatment order without probation.
7 = Detention
8 = Wilderness camp.
9 = Suspended training school commitment.
10 = Training school commitment.
11 = Bound over to superior court.
12 = Fine in superior court.
13 = Prison commitment by superior court.
**PROBATION/PAROLE**

*Have you ever been placed on probation?*

Or been paroled?

*Have you done anything that was against the terms of your probation/parole?*

N.B. REMEMBER TO RECONSIDER THIS ISSUE OF SUBSTANCE USE PRESENT.

### Ever:CGI0E01

- **PROBATION**
  - 0 = No
  - 2 = Juvenile probation.
  - 3 = Adult probation.
  - 4 = Parole

### CURRENTLY ON PROBATION/PAROLE:CGI0V01

- 0 = No
- 2 = Yes
ANTI-SOCIAL
ANTI-SOCIAL BEHAVIOR

FAILURE TO HONOR FINANCIAL OBLIGATION

Subject has not paid money s/he owes, or has not repaid money s/he has borrowed. The debt may have arisen prior to the last three months, but the failure to pay has been ongoing in the last three months. If two or more weeks have passed since the debt was incurred (or bill was due) and payment has not been made, code failure to honor the commitment despite assurance the subject plans to pay in the future. Code failure to pay child support more specifically below.

Over the last three months, have you owed anyone any money?

Or borrowed any money?

Did you pay the money back?

Were there any times in the last three months when you didn't pay someone the money you owed or borrowed?

Did you have any financial obligations that you did not honor?

Are you behind on credit card payments?

Or behind on car payments?

What about cell phone or utility bills?

Do you owe the IRS or the State for any taxes you haven't paid?

How many times over the last three months have you owed someone money but didn't pay them?

Or have you missed a payment for your car, phone, utilities, or credit cards?

When was the first time you didn't pay money you owed for a bill or to someone?

CHILD LIVING ELSEWHERE

Do you have any children who don't live with you?

IF SUBJECT HAS A CHILD THAT LIVES ELSEWHERE, COMPLETE.
OTHERWISE, SKIP TO "FINANCIAL CONSEQUENCES", (PAGE 3).
FAILS TO PAY CHILD SUPPORT

Is there a court order that requires you to pay child support?

Do you pay child support?

Have you missed any payments in the last three months?

NOTE: IF NO COURT ORDER ASK

Do you contribute money for the child’s upbringing even though it is not court-ordered?

FINANCIAL CONSEQUENCES

Have you ever had a car or other possessions repossessed?

Have you had debts turned over to a collection agency?

Have you been unable to pay your rent or mortgage?

Have you been unable to make a purchase due to bad credit?

Have you been turned down for a loan?

How many times have you experienced the negative consequences of not honoring prior financial obligations?

When was the first time?

FAILS TO PAY CHILD SUPPORT

0 = Pays either court-ordered child support or voluntarily contributes more than $20 per month to child's upbringing.

1 = Does not contribute financially, or less than $20 per month.

2 = Has missed at least one court-ordered child support payment in the last three months.

EVER: FINANCIAL CONSEQUENCES

0 = Absent

2 = Present

/ /
LACK OF REMORSE

Lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another. Subject steals, cheats, maltreats people or otherwise breaks clear societal boundaries without guilt. Taking inexpensive items or small amounts of money are considered stealing if the owner was not informed and is deprived of the use of the item. Do not code for white lies told to spare the feelings of others.

**Do you feel badly when you do something wrong?**

**Or when you do something that really hurts someone's feelings?**

**Or when you cause someone to be upset or stressed out?**

**Do you feel guilty if you lie?**

**Or if you mislead your girl/boyfriend, spouse, or partner?**

**Or cheat?**

**Or steal?**

**Or break laws that cause harm to others or society in general?**

**Have you hurt anyone over the last three months?**

**Do you feel like you should be able to do whatever you want regardless of what affect it might have on others?**

Can you give me an example?

How many times have you done something like that over the last three months without feeling badly about it?

How many of those times were at home?

School or work?

Other places?

When did you start doing things like that and not feeling bad about it?

---

**CGK2I01**

**Intensity**

**CGK2F01**

**Home Frequency**

**CGK2F02**

**Daycare/School Frequency**

**CGK2F03**

**Elsewhere Frequency**

**CGK2O01**

**Onset**
Definitions and questions

HARASSMENT
Repeated or persistent infringement that causes annoyance or torment to another person.

**Over the last three months, have you called someone on the phone, just to make them feel annoyed?**

**Or to make them feel frightened?**

Can you tell me a little about that?

**Have you just shown up at someone’s house or property?**

Why did you go there?

What happened?

How many times have you done that?

When did you start doing that?

IMPULSIVITY OR FAILURE TO PLAN AHEAD
Subject acts on impulse without making plans or considering the end result (i.e., quitting a job before having a new job, severing relationships without considering the consequences, taking on responsibilities without any "game plan" for follow through).

**Do you sometimes do things on impulse?**

**Or just decide to do things without planning ahead?**

Does it cause problems when you do this?

Can you give me an example?

**Do you change your plans frequently?**

Does that make it difficult for you or others?

**Have you moved without any specific place to go?**

**Have you left a long term relationship without really thinking it through?**

What about in the last 3 months?

How many times have you done something like that in the last 3 months?

When was the first time you acted impulsively like that?

Coding rules

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<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Impulsiveness or change of plans occurs in at least two activities and results in minor negative consequences.</td>
<td></td>
</tr>
<tr>
<td>3 = Impulsiveness or change of plans occurs in most activities or more than once has resulted in major negative consequences.</td>
<td></td>
</tr>
</tbody>
</table>
NO PERMANENT ADDRESS
Subject has spent at least a month without a home, moving in with one acquaintance or another, living on the streets or in shelters. Do not include camps, hospital stays, visits with friends, and situations where the expectation is that they can and will return home.

Have you ever spent a month or more with no fixed address?
Did you move around from place to place?
Or live on the street?
Or in shelters?
What about the last three months?
What is the longest period of time that you lived like that?
When was the first time you spent at least a month with no fixed address?

USE OF AN ALIAS
Subject uses another name to fool authority, or gain entree' to an opportunity that would not be granted under the subject's own name, or to avoid responsibilities. Do not code literary (authorial) pseudonyms or simple nicknames.

Have you ever used an alias?
Or used another name to either get something or avoid something?
Why was that?
Have you used an alias over the last three months?
How many times?
When was the first time you used another name for those kinds of reasons?

HOURS: MINUTES

USE OF AN ALIAS
0 = Absent
2 = Uses another name to avoid recognition or responsibility.
3 = Uses another name for illegal purposes or to avoid legal pursuit.

CGL3E01

CKG4E01

CKG4F01

CKG4O01

CGL3I01

CKG4I01

CKG4O01
**GAMBLING**

Subject makes wagers on card games, sporting events, etc. There is some intimation that this behavior goes beyond playing poker or football pools for minimal amounts with family and friends.

*Do you gamble?*

*Do you bet at cards?*

*Do you bet on football or basketball games?*

*Or horse races or animal fights?*

*Do you play betting games at Casinos?*

*Do you play the lottery?*

*Do you do any other type of gambling?*

*Do you risk more than $50.00 at a time?*

*How many times would you say you have gambled in the last 3 months?*

*When did you first start gambling or taking bets?*

*How much have you lost over the last three months?*

*About how much have you ever lost?*

---

**Coding rules**

**GAMBLING**

0 = Absent

2 = Gambling is present in at least two activities and is at least sometimes uncontrollable, but amount wagered is less than $50.00 at a time.

3 = Gambling is present in most activities and is usually uncontrollable or has wagered $50.00 (or more) at a time at least once in the primary period.

**APPROXIMATE AMOUNT LOST OVER THE LAST THREE MONTHS**

0 = Came out even or made money.

1 = Less than $50.

2 = $100 or less.

3 = $200 or less.

4 = $300 or less.

5 = $400 or more.

**APPROXIMATE AMOUNT EVER LOST**

0 = Came out even or made money.

1 = Less than $50.

2 = $100 or less.

3 = $200 or less.

4 = $300 or less.

5 = $400 or more.
DIFFICULTIES RESULTING FROM NEED TO COVER GAMBLING LOSSES

Subject is unable to cover gambling debts and this has resulted in further difficulties. If the information conforms to the definitions of other items (Failure to Honor Financial Obligations, Neglect or Failure to Care For a Child, Stealing, etc.), code there as well.

Over the last three months, have you had any trouble covering your gambling losses?

Where do you get the money to pay for your gambling debts?

Have you had to use your savings?
Have you had to work extra hours, or an extra job, to raise the money?
Have you had to borrow from someone else to cover your gambling losses?
Have you paid them back?
Has your gambling affected your ability to cover other expenses?
Were you unable to support your child because of gambling losses?
Have you resorted to stealing to cover gambling losses?
Or dealt drugs to raise the money?
Has anyone been calling you, or harassing you for payment?
Are you in physical danger because you haven't paid your gambling debts?

When was the first time your losses caused these other problems?
RECKLESS DISREGARD FOR SAFETY OF SELF OR OTHERS

Subject enters into or causes dangerous situations without considering the consequences to self or others. Do not code car accidents that clearly were not the subject’s fault.

Have you ever been the driver when an auto accident occurred?

What happened?
Have you driven a car or motor bike after using alcohol or drugs?

Do you like taking risks?

Do you consider yourself a reckless person or a risk-taker?

Do you do dangerous things?

Can you give me an example?
Why did you do that?
Do you usually speed when driving a car or motorcycle or 4-wheeler?

How much over the speed limit do you usually go?

When was the first time you put yourself or others into a dangerous situation like that?

How often have you done dangerous or risky things like that, in the last 3 months?

SUBJECT HAS CHILD OR TAKES CARE OF CHILD

Do you babysit?

Do you watch your brothers or sisters?

Or other children?

Do you work in a situation where you are responsible for children?

IF SUBJECT HAS A CHILD, ‘STEPCHILD’ OR TAKES CARE OF A CHILD, CONTINUE. OTHERWISE, SKIP TO “”, (PAGE ERROR! BOOKMARK NOT DEFINED.).
## Definitions and questions

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
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</tbody>
</table>

### Conduct Problems
Definitions and questions

**NEGLECT OR FAILURE TO CARE FOR A CHILD**

Due to the subject's lack of responsibility, a child has suffered or been put into danger.

*Do you take good care of your child/ the child you babysit?*

*Have you left him/her alone for a long time?*

*Or not fed him/her?*

*Have you had the child in a car without being properly placed in a car seat?*

*Have you put him/her in danger?*

*Have you left the child in the care of someone too young to responsibly look after the child?*

*Or with a stranger?*

*What happened?*

*When was the first time that happened?*

*How many times in the last 3 months?*

**CHILD ABUSE**

*Have you ever spanked or hit a child so hard that it left bruises?*

*Have you ever shaken a child real hard?*

*What happened?*

*Have you hurt a child in any other way?*

*Has anyone ever reported you to social services?*

*When was the first time you did something like that?*

*Has that happened in the last 3 months?*

*How many times?*

### Coding rules

**NEGLECT OR FAILURE TO CARE FOR A CHILD**

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Neglect or failure to adequately care for a child in at least two activities.</td>
</tr>
<tr>
<td>3</td>
<td>Neglect or failure to adequately care for a child in most activities.</td>
</tr>
</tbody>
</table>

**CHILD ABUSE**

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
<tr>
<td>3</td>
<td>Present and child required medical care.</td>
</tr>
</tbody>
</table>
TOBACCO, ALCOHOL, AND DRUGS

TOBACCO USE

Include use of any tobacco products.

SMOKING

Have you ever smoked tobacco?

When was the first time you smoked tobacco?
Have you ever smoked regularly? (One or more per day?)
When did you start smoking regularly?

Have you ever regularly smoked 1 or more a day?
What is the most you have smoked per day on a regular basis?
When did you start smoking at that level?
Have you smoked on a regular basis over the last three months?
How many cigarettes a day?

Have you smoked on a regular basis in the last 3 months?
SNUFF
Have you ever used snuff?
Anything like Skoal, Copenhagen, or Red Wolf?

When did you have your first pinch of snuff?
Have you ever used snuff on a regular basis?
At least 5 times a week?
When did you start using snuff on a regular basis?
Have you used it at least 5 times a week?
When did you start using at that level?
Do you use it now?
How many tins/cans do you use a week?

Coding rules

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<thead>
<tr>
<th>Question</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>EVER USED SNUFF</td>
<td>Ever:CHA1E01</td>
</tr>
<tr>
<td>0 = No</td>
<td>Intensity</td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td>DATE OF FIRST PINCH OF SNUFF</td>
<td>Ever:CHA1O02</td>
</tr>
<tr>
<td>DATE BEGAN USING SNUFF REGULARLY</td>
<td></td>
</tr>
<tr>
<td>DATE STARTED USING SNUFF AT THAT LEVEL</td>
<td>Ever:CHA1O03</td>
</tr>
<tr>
<td>EVER: MOST SNUFF USED ON A REGULAR BASIS (CODE NUMBER OF 1/2 TINS/CANS PER WEEK) (1/2 TINS/CANS = 1/2 OZ = ABOUT 5 DIPS/CHEWS)</td>
<td>Ever:CHA1V01</td>
</tr>
<tr>
<td>DATE STARTED USING SNUFF AT THAT LEVEL</td>
<td></td>
</tr>
<tr>
<td>USE IN PP</td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td>CURRENTLY USING SNUFF (CODE NUMBER OF 1/2 TINS/CANS PER WEEK) (1/2 TIN/CAN = 1/2 OZ = 5 DIPS/CHEWS)</td>
<td>Ever:CHA1F01</td>
</tr>
<tr>
<td>USE IN PP</td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>
**Definitions and questions**

**CHEWING TOBACCO**

*Have you ever chewed tobacco?*

Such as Redman, Levi Garrett, Beechnut?
When was the first time you chewed tobacco?
Have you ever chewed tobacco regularly?
At least 5 times a week?
What is the most you have used per week on a regular basis?
When did you start using tobacco at that level?
How many pouches do you use a week?

*Have you chewed tobacco in the last 3 months?*

**Tobacco Screen**

Determine if subject has tried or been forced to give up smoking, dipping, or chewing in the last 3 months.

*Have you tried to or been forced to give up tobacco in the last 3 months?*

**IF SUBJECT HAS NOT TRIED TO GIVE UP SMOKING AT LEAST 5 CIGARETTES DAILY, USING SNUFF OR CHEWING TOBACCO > 5X/WEEK, SKIP TO "ALCOHOL USE", (PAGE 7).**

**Coding rules**

**EVER CHEWED TOBACCO**

0 = No
2 = Yes

**DATE OF FIRST CHEW OF TOBACCO**

**DATE BEGAN CHEWING TOBACCO REGULARLY**

**CHEWS TOBACCO IN LAST 3 MONTHS**

0 = Absent
2 = Present

**EVER: MOST TOBACCO CHEWED ON A REGULAR BASIS (CODE NUMBER OF 1/2 POUCHES PER WEEK) (1/2 POUCH =1 1/2 OZ = 3 WADS/CHIEWS)**

**CURRENTLY USING CHEWING TOBACCO (CODE NUMBER OF 1/2 POUCHES PER WEEK) (1/2 POUCH =1 1/2 OZ = 3 WADS/CHIEWS)**

**DATE STARTED USING AT THAT LEVEL**

**ATTEMPT TO ABSTAIN FROM TOBACCO**

0 = No
2 = Yes
ABSTAINING FROM USE OF TOBACCO

Actual effort at abstaining from tobacco use, lasting at least 8 hours, but which proved to be unsuccessful.

How often have you tried to quit?
For how long?

Have you tried to quit or had to quit in the last 3 months?

In the last 3 months, what is the longest amount of time you went without tobacco?

Codings rules

EVER: ATTEMPTED TO ABSTAIN
0 = No
2 = Yes

ATTEMPTED TO ABSTAIN
0 = Has not tried to abstain during last 3 months
2 = Has tried to abstain during last 3 months

DAYS
NICOTINE WITHDRAWAL

Code any of the following symptoms if they occurred during a period of attempted abstinence from nicotine during the last 3 months.

CRAVING

How did you feel?
Did you feel that you really needed a "cigarette"?
How long did that last?

IRRITABILITY

Did it put you in a bad mood?
How long did that last?
Were you bad-tempered? Or irritable?

ANXIETY

Did you feel nervous?
Or anxious?

POOR CONCENTRATION

How was your concentration?
Did you have difficulty concentrating?
Was that different from usual?

RESTLESSNESS

Did you feel restless?
Did you have trouble keeping still?

INCREASED APPETITE

How was your appetite?
Did you eat more than usual?
Did you put on any weight?
**BRADYCARDIA**

*Did you notice your heart rate?*

*Was it any different from usual?*

*Was it slowed down?*

**Coding rules**

**BRADYCARDIA**

0 = No

2 = Subject noticed slowing of pulse.

**Codes**

CHL6107

Intensity
ALCOHOL USE

Include any use of alcohol (beer, wine, hard liquor), even with parental permission.

Have you ever tried drinking alcohol?

What about hard liquor?

What do you prefer to drink (beer, wine, liquor)? When did you first try?

Have you had any in the last 3 months?

How many drinks per week have you had, on average, in the last 3 months?

How often have you drank in the last 3 months? For example, how many times per week or month do you drink?

Do you usually drink alone or with others? Are you with others >50% of the time when you drink?

IF THE SUBJECT HAS DRUNK ALCOHOL, CONTINUE, OTHERWISE, SKIP TO "DRUGS", (PAGE 18).

EVER: ALCOHOL USE

0 = Never drunk alcohol
2 = Has drunk alcohol at some time

CHA3O01

ALCOHOL USE IN PP

0 = Absent
2 = Present

NUMBER OF DRINKS (CODE AVG # OF DRINKS/WEEK DURING LAST 3 MOS; 1 DRINK = 1 BOTTLE OF BEER; 1 GLASS OF WINE; 1 SHOT OF SPIRITS

CHA3I01

FREQUENCY OF DRINKING EPISODES

SOLITARY/ACCOMPANIED

0 = Solitary
2 = Often accompanied, but < 50% of the time
3 = Accompanied 50% or more of the time

CHA3X01
Definitions and questions

USE OF ALCOHOL WITHOUT PERMISSION FROM A RESPONSIBLE ADULT

Drinking alcohol without permission from a responsible adult, whether alcohol obtained legally or illegally.

**Have you ever drank alcohol without permission?**

When was the first time you drank alcohol without permission?

What about in the last 3 months?

How many times in the last 3 months?

DRINKING WEEKLY

Once a week for a month.

**Has there ever been a period when you drank every week for a month or more?**

When did that start?

Have you drank at least once a week for a month or more in the last 3 months?

DRINKING DAILY

5 days per week for a month.

**Has there ever been a period when you drank 5 or more days per week for a month?**

When did that start?

How about in the last 3 months?

Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
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</thead>
<tbody>
<tr>
<td><strong>EVER: USE WITHOUT PERMISSION</strong></td>
</tr>
<tr>
<td>0 = Has never drunk without permission</td>
</tr>
<tr>
<td>2 = Has drunk alcohol without permission at some time</td>
</tr>
<tr>
<td><strong>USE WITHOUT PERMISSION</strong></td>
</tr>
<tr>
<td>0 = Has not drunk alcohol without permission during last 3 months</td>
</tr>
<tr>
<td>2 = Has drunk alcohol without permission during the last three months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EVER: USED WEEKLY</strong></td>
</tr>
<tr>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Codes</th>
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</thead>
<tbody>
<tr>
<td><strong>USED WEEKLY IN LAST 3 MONTHS</strong></td>
</tr>
<tr>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Codes</th>
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</thead>
<tbody>
<tr>
<td><strong>EVER: USED DAILY</strong></td>
</tr>
<tr>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Codes</th>
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</thead>
<tbody>
<tr>
<td><strong>USED DAILY IN LAST 3 MONTHS</strong></td>
</tr>
<tr>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
</tr>
</tbody>
</table>
BINGE DRINKING
Subject has during the last 3 months drank an amount of alcohol that was, in their opinion or in fact, in excess of what they could physically handle. The focus here is on the amount drank, not the frequency of drinking. Binge drinking leading to physical illness (i.e. vomiting, blackouts) and/or negative social consequences (i.e. loss of judgement, violence, sexually inappropriate behavior, driving under the influence, etc.) The subject may or may not drink often, but at times drinks to a level that interferes with functioning.

Have you ever drank alcohol to excess?
Do you have drinking "binges"?
Do you, at times, drink more than you intended?
Has that caused you any problems?
Tell me about the last time that happened.
Have you done anything that you really regretted or felt bad or embarrassed about as a result?
Have you vomited or passed out as a result?
Where does that happen?
When was the first time?

Has that happened in the last 3 months?
How many times in the last 3 months?

DRUNK
Subject's self-report of being "drunk".

Have you ever been "drunk"?
Have you been "drunk" in the last 3 months?
ALCOHOL INTOXICATION

Alcohol ingestion associated with any of the following behavioral or psychological changes: slurred speech, incoordination, unsteady gait, nystagmus, flushed face.

In the last 3 months, have you experienced any physical effects from alcohol use?

How many times?

How many times have you vomited because of drinking in the last 3 months?

How many times have you passed out because of drinking in the last 3 months?

Was your speech slurred?

How was your coordination?

Did you have trouble walking straight?
Did you fall down at all?
Or bump into things?
Or knock anything over?
Could you move your arms and hands properly?

Could you fix your eyes on things properly?

Or were they jerking about?

Do you know if your face was red?

How many times in the last 3 months have you had any of these symptoms associated with drinking (signs of intoxication)?

When was the first time you had any of these symptoms associated with drinking?

Did you start to believe any strange or unusual things?

INTOXICATION SCREEN

NUMBER OF TIMES DRUNK; CODE NUMBER OF TIMES DRUNK IN THE PAST 3 MONTHS

NAUSEA; CODE NUMBER OF TIMES VOMITED WHILE DRUNK IN THE PAST 3 MONTHS

PASSED OUT; CODE NUMBER OF TIMES PASSED OUT WHILE DRUNK IN PAST 3 MONTHS

SLURRED SPEECH

INCOORDINATION

UNSTEADY GAIT

NYSTAGMUS

FLUSHED FACE

INTOXICATED IN LAST 3 MONTHS

DELUSIONS
IF SUBJECT HAS BEEN INTOXICATED, COMPLETE THIS SECTION, OTHERWISE, SKIP TO "DRUGS", (PAGE 18).
ALCOHOL INTOXICATION CONSEQUENCES

IF IN LAST 3 MOS. ALCOHOL WAS USED FOR ANY 5 DAY PERIOD OR AT LEAST 10 DAYS, OR INTOXICATED 2X OR MORE; COMPLETE SECTION, OTHERWISE, SKIP TO "DRUGS", (PAGE 18).
### DESIRE TO CUT DOWN

The subject has at certain times felt that s/he would like to reduce his/her alcohol intake. There is no requirement that s/he should have actually done so.

*Do you want to cut down on how much alcohol you drink?*

*Have you ever wanted to?*
*When was the first time?*

### ADVISED TO CUT DOWN

Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her alcohol intake, on at least one occasion.

*Has anyone ever told you that you should cut down?*

*Who?*
*When was the first time?*
*What do your parents, friends, and other loved ones think?*

### ATTEMPTS TO CUT DOWN

Actual efforts at reduced alcohol intake or abstention made, lasting at least 8 hours, but which proved unsuccessful at permanently reducing intake.

*Have you ever actually tried to cut down on how much alcohol you drink?*

*Why was that?*
*How many times have you tried?*
*When was the first time?*
*What about in the last 3 months?*
*For how long?*
*Did you substitute other substances while you were cutting down on alcohol?*

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<table>
<thead>
<tr>
<th>Codes</th>
<th>Codes</th>
<th>Codes</th>
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<td>EVER: DESIRE TO CUT DOWN</td>
<td>Ever:CHL8E01 Intensity</td>
<td>Ever:CHL9E01 Intensity</td>
<td>Ever:CHM0E01 Intensity</td>
</tr>
<tr>
<td>0 = No desire to cut down</td>
<td>2 = Wishes to cut down</td>
<td>0 = Never advised by parents or others to cut down</td>
<td>0 = Has never made attempt to cut down.</td>
</tr>
<tr>
<td>CHL8001</td>
<td>CHL9001</td>
<td>CHM0001</td>
<td>CHM001</td>
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<th>Codes</th>
<th>Codes</th>
<th>Codes</th>
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<tbody>
<tr>
<td>EVER: ADVISED TO CUT DOWN</td>
<td>Ever:CHL9E01 Intensity</td>
<td>Ever:CHM0V01 Frequency</td>
<td>Ever:CHM0D01 Duration</td>
</tr>
<tr>
<td>0 = Never advised by parents or others to cut down</td>
<td>2 = Advised to cut down</td>
<td>0 = Made attempt in last 3 months to cut down.</td>
<td></td>
</tr>
<tr>
<td>CHL9001</td>
<td>CHM001</td>
<td>CHM001</td>
<td>CHM001</td>
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</tbody>
</table>
ALCOHOL WITHDRAWAL

To be considered symptoms of withdrawal, symptoms must have occurred within 5 days of ending (or reducing alcohol intake during) a period of heavy ingestion of alcohol (that lasted at least 3 days).

What happens if you cut down on how much alcohol you drink?

Tell me about the last time you cut down?
If you drink less than usual, what happens?

Do you notice any physical symptoms?
If yes, Do you drink any alcohol or use other drugs to make “symptoms” go away?

Does it work?
What happens then?

IF WITHIN THE LAST 3 MONTHS THE SUBJECT HAS HAD PERIODS OF REDUCED ALCOHOL INTAKE ASSOCIATED WITH PHYSICAL SYMPTOMS, SKIP TO "DRUGS", (PAGE 18).
Definitions and questions

**TREMOR**
Coarse peripheral tremor, occurring during periods of reduced alcohol intake (such as on rising in the morning) and relieved by alcohol or use of other substances.

*Did your hands (tongue, eyelids) shake?*
*Can you show me what it was like?*
*When did that start?*

**NAUSEA/VOMITING**
Nausea or vomiting, occurring during periods of reduced alcohol intake (such as on rising in the morning) and relieved by alcohol or use of other substances (unless such substances either not available or withheld).

*Did you feel nauseous?*
*Did you vomit?*
*When did that start?*

**AUTONOMIC HYPERACTIVITY**
Signs of autonomic hyperactivity, such as sweating, tachycardia, palpitations, increased respiratory rate, or flushing, associated with reduced alcohol intake (such as on rising in the morning) and relieved by alcohol or other substances (unless such substances either not available or withheld).

*Did you notice any other physical symptoms?*
*Did you get sweaty?*
*Or notice your heart beating fast?*
*When did that start?*

**HEADACHE**
Headache of any sort associated with reduced alcohol intake (such as on rising in the morning) and relieved by alcohol or other substances (unless such substances either not available or withheld).

*Did you get a headache?*
*How long did it last?*
*When did it start?*

### Coding rules

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<tr>
<th>Condition</th>
<th>Code</th>
<th>Question</th>
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</thead>
<tbody>
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<tr>
<td></td>
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<td>2 = Yes</td>
</tr>
<tr>
<td><strong>NAUSEA/VOMITING</strong></td>
<td>CHM2102</td>
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</tr>
<tr>
<td></td>
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</tr>
<tr>
<td><strong>AUTONOMIC HYPERACTIVITY</strong></td>
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<td></td>
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<tr>
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</tr>
<tr>
<td></td>
<td></td>
<td>2 = Yes</td>
</tr>
</tbody>
</table>
Definitions and questions

INSOMNIA
Initial, middle or terminal insomnia, of at least 1 hour duration, associated with reduced alcohol intake, and relieved by alcohol or other substances (unless such substances either not available or withheld).

Was your sleep affected?
What happened?
When did that start?

ANXIETY ASSOCIATED WITH REDUCED ALCOHOL INTAKE
Anxious affect associated with reduced alcohol intake (such as on rising in the morning) and relieved by alcohol or other substances (unless such substances either not available or withheld).

Did you feel scared or anxious?
What was that like?
When did that start?

DEPRESSION ASSOCIATED WITH REDUCED ALCOHOL INTAKE
Low mood associated with reduced alcohol intake (such as on rising in the morning) and relieved by alcohol or other substances (unless such substances either not available or withheld).

Did you feel depressed?
What was that like?
When did that start?

IRRITABILITY ASSOCIATED WITH REDUCED ALCOHOL INTAKE
Irritability associated with reduced alcohol intake (such as on rising in the morning) and relieved by alcohol or other substances (unless such substances either not available or withheld).

Did you get irritable?
What was the like?
When did that start?

Coding rules

INSOMNIA
0 = No
2 = Yes

ANXIETY
0 = No
2 = Yes

DEPRESSION
0 = No
2 = Yes

IRRITABILITY
0 = No
2 = Yes

Codes

CHM2I05
Intensity

CHM2I06
Intensity

CHM2I07
Intensity

CHM2I08
Intensity
Definitions and questions

PERCEPTUAL DISTORTIONS ASSOCIATED WITH REDUCED ALCOHOL INTAKE

Transient hallucinations or illusions, associated with reduced alcohol intake (such as on rising in the morning) and relieved by alcohol or other substances (unless such substances either not available or withheld).

Did you see or hear any strange things?

Did your imagination play any tricks on you?

Tell me about them.

SEIZURES

Grand mal seizures.

Did you have a seizure or fit?

Did you have spasms?

Or lose consciousness?

Coding rules

Codes

PERCEPTUAL DISTORTIONS

CHM2109

Intensity

0 = No

2 = Yes

SEIZURES

CHM2110

Intensity

0 = No

2 = Yes
Definitions and questions

**DRUG USE**

*Code all drugs (since the last interview) used by the subject*

**DRUGS**

*Have you ever experimented with any drugs?*

What about with your friends?

*Has anyone ever given you any drugs?*

What did you do?

*I have a list of drugs here that you might have come across. Is it OK if I ask you about them?*

**CANNABIS USE**

Marijuana, weed, pot, grass, hash, Thai stick.

*Have you ever tried smoking pot?*

Have you used marijuana in the last 3 months?

*When was the first time you ever used marijuana?*

**COCAINE USE**

Coke

*Have you ever tried cocaine?*

When did you first try?

Have you used it in the last 3 months?
CRACK USE

Have you ever used Crack?
When did you first try it?
Have you used crack in the last 3 months?

IF CRACK USE ABSENT, SKIP TO "AMPHETAMINE USE", (PAGE 20).
AMPHEMATINE USE
Uppers, speed.

Have you ever used amphetamines (speed, uppers)?
When did you first try?
Have you had any in the last 3 months?

ICE USE
Have you ever tried Ice?
When did you first start?
Have you had any in the last 3 months?

METHAMPHETAMINE USE
Crystal Meth, Meth, Methamphetamine

Have you ever used crystal meth?
Or any methamphetamine substance?
When did you first try it?
Have you had any in the last 3 months?
Definitions and questions

**INHALANT USE**
Glue, lighter fluid, petrol, paint sniffing.

*Have you ever tried inhalants?*

*When did you first try it?*

*How about in the last 3 months?*

**NITRITE INHALANT USE**
Poppers

*Have you ever used nitrite inhalants or poppers?*

*When did it first start?*

*How about in the last 3 months?*

**HEROIN USE**
Heroin, smack

*Have you ever tried heroin?*

*When did you first try it?*

*Have you used it in the last 3 months?*
**Definitions and questions**

**ECSTASY USE**

*Have you ever used ecstasy?*
When did you first try it?
In the last 3 months?

**OTHER OPIOID USE**

Morphine, opium, codeine, other opioid pain killers.

*Have you tried any other opioids like morphine, codeine, or other pain killers?*
When did you first try it?
Have you had any in the last 3 months?

**OXYCODONE USE**

Oxy, Oxycotin, Oxycodone

*Have you ever used Oxycodone (oxycotin, oxy)?*
When did you first try it?
Have you had it in the last 3 months?
Definitions and questions

**LSD USE**

*Have you ever used LSD?*
- When did you first try it?
- Have you used it in the last 3 months?

**PCP USE**

Angel Dust

*Have you ever tried PCP or Angel Dust?*
- When did you first try it?
- Have you had any in the last 3 months?

**PSILOCYBIN USE**

Magic mushrooms

*Have you ever done shrooms?*
- When did you first try it?
- Have you had any in the last 3 months?
Definitions and questions

**SEDATIVE USE**
Downers, sleepers, barbs, Valium, Librium, Xanax, Klonopin

*Have you ever used sedatives like Xanex, Klonopin, or Valium?*

When did you first try it?

Have you had any in the last 3 months?

**OTHER DRUG USE**

Have you used anything else?

What was it?

When did you first try it?

Have you had any "other drugs" in the last 3 months?

**Coding rules**

**SEDATIVE USE**

0 = No
2 = Yes

**SEDATIVE USE IN THE LAST 3 MONTHS**

0 = No
2 = Yes

**OTHER DRUG USE**

0 = No
2 = Yes

**OTHER DRUG USE IN THE LAST 3 MONTHS**

0 = No
2 = Yes

**Codes**

Ever:CHC1E01
Intensity

CHC1I01
Intensity

Ever:CHC1O01
Onset

Ever:CHC2E01
Intensity

CHC2I01
Intensity

Ever:CHC2O01
Onset
STERIOD USE

*Have you ever used steroids?*

*When did you first try it?*

*Have you used them in the last 3 months?*

*What is the longest period of time you used steroids?*

*How about in the last 3 months?*

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<td>Intensity of steroid use ever</td>
</tr>
<tr>
<td>Onset:CHC3O01</td>
<td>Onset of steroid use ever</td>
</tr>
<tr>
<td>Weeks:CHC3D01</td>
<td>Duration of steroid use ever</td>
</tr>
<tr>
<td>Weeks:CHC3D02</td>
<td>Duration of steroid use in the last 3 months</td>
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</table>
DEALING DRUGS
The subject sells illegal drugs to others, gets others to sell drugs for him/her, or gives drugs to others in exchange for goods (including weapons) and services (including sexual favors).

ALSO CODE UNDER SUBSTANCE RELATED CRIME IN THE MALADAPTIVE BEHAVIOR SECTION

Have you ever sold/dealt drugs to anyone?
Have you sold/dealt drugs in the last 3 months?
Or gotten anyone else to sell drugs for you?
Or given anyone drugs in exchange for something you wanted?

What kind of drugs?
How many times?
What were the drugs worth?

Cannabis (Marijuana, weed, pot, grass)?
Cocaine or crack?
Amphetamines (uppers, speed), Ice, or Meth?
Heroin, morphine, opium, other opioids?
What about ecstasy or oxycodone?

LSD, PCP, or Magic Mushrooms?

Sedatives (barbiturates) such as Xanex, Klonopin, or Valium?

When was the first time you ever sold any type of drug?

What about in the last 3 months?

How much were the drugs worth that you sold in the last 3 months?

EVER SOLD DRUGS
0 = No
2 = Yes

EVER: DEALT CANNABIS
2 = 1-5 occasions only
3 = 6 or more occasions.
4 = As 3, but value of drugs> $1,000 over last 12 mos.

EVER: DEALT COCAINE, CRACK
2 = 1-5 occasions only
3 = 6 or more occasions.
4 = As 3, but value of drugs> $1,000 over last 12 mos.

EVER: AMPHETAMINES, ICE, METH
2 = 1-5 occasions only
3 = 6 or more occasions.
4 = As 3, but value of drugs> $1,000 over last 12 mos.

EVER: DEALT HEROIN/OTHER OPIOIDS/ECSTASY/OXYCODONE
2 = 1-5 occasions only
3 = 6 or more occasions.
4 = As 3, but value of drugs> $1,000 over last 12 mos.

EVER: DEALT HALLUCINOGENS
2 = 1-5 occasions only
3 = 6 or more occasions.
4 = As 3, but value of drugs> $1,000 over last 12 mos.

EVER: SEDATIVES
2 = 1-5 occasions only
3 = 6 or more occasions.
4 = As 3, but value of drugs> $1,000 over last 12 mos.
### Definitions and questions

#### Coding rules

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#### Codes

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<tr>
<td>CHC4I02</td>
<td>DEALT COCAINE, CRACK 2 = 1-5 occasions only</td>
</tr>
<tr>
<td>CHC4I03</td>
<td>DEALT AMPHETAMINES, ICE, METH 2 = 1-5 occasions only</td>
</tr>
<tr>
<td>CHC4I04</td>
<td>DEALT HEROIN/OTHER OPIOIDS/ECSTASY/OXYCODONE 2 = 1-5 occasions only</td>
</tr>
<tr>
<td>CHC4I05</td>
<td>DEALT HALLUCINOGENS 2 = 1-5 occasions only</td>
</tr>
<tr>
<td>CHC4I06</td>
<td>DEALT SEDATIVES 2 = 1-5 occasions only</td>
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<table>
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<th>Description</th>
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<tbody>
<tr>
<td>CHC4X01</td>
<td>VALUE OF DRUGS SOLD IN LAST 3 MONTHS</td>
</tr>
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---

**Tobacco, Alcohol, and Drugs**

*FOR REVIEW ONLY*
IF FOR ANY DRUG EVER USED, COMPLETE SPECIFIC DRUG SECTION ON THAT DRUG, OTHERWISE, SKIP TO "SUBJECTIVE NEED FOR "SUBSTANCE"", (PAGE 114).

IF CANNABIS USE ABSENT, SKIP TO "EVER: COCAINE USE WEEKLY", (PAGE 35).
CANNABIS SECTION

When questioning about drugs, substitute the name the subject uses for them.

CANNABIS USE WEEKLY

Earlier you said that you have smoked marijuana...

Have you smoked pot as often as once a week?

For as much as a straight month?

Have you smoked pot weekly in the last 3 months?

When did that start?

EVER: USED WEEKLY (AT LEAST 1 DAY PER WEEK FOR A MONTH)

0 = No
2 = Yes

EVER: CANNABIS USE DAILY

0 = Absent
2 = Present

CANNABIS USE DAILY IN PP

0 = Absent
2 = Present
**CANNABIS USE IN COMBINATION**

*Did you use alcohol with "marijuana" in the last 3 months?*

How often was that?

*Did you use any other "drugs" with marijuana in the last 3 months?*

What other drugs?

---

**USED IN COMBINATION WITH ALCOHOL**

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<td></td>
</tr>
<tr>
<td>2 = &lt; 50% of the time</td>
<td></td>
</tr>
<tr>
<td>3 = &gt; 50% of the time</td>
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**USED IN COMBINATION WITH DRUGS**

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<td>1 = Cannabis</td>
</tr>
<tr>
<td>CHC7I03</td>
<td>2 = Cocaine/Crack</td>
</tr>
<tr>
<td>CHC7I04</td>
<td>3 = Amphetamines/Ice/Meth</td>
</tr>
<tr>
<td>CHC7I05</td>
<td>4 = Inhalants</td>
</tr>
<tr>
<td>CHC7I06</td>
<td>5 = Heroin/Ecstasy</td>
</tr>
<tr>
<td>CHC7I07</td>
<td>6 = Opioids/Oxycodone</td>
</tr>
<tr>
<td>CHC7I08</td>
<td>7 = Hallucinogens/PCP/Psylocybin</td>
</tr>
<tr>
<td>CHC7I09</td>
<td>8 = Sedatives</td>
</tr>
<tr>
<td>CHC7I10</td>
<td>9 = With more than one of the above groups</td>
</tr>
</tbody>
</table>

---

**EVER: CANNABIS INTOXICATION**

*Did/Do you get high when you used "marijuana"?*

*Did/Do you notice any physical effects?*

What did you notice?

*When was the first time you got "high" or noticed physical effects from "marijuana"?*

---

**EVER: CANNABIS INTOXICATION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>Ever:CHC8E01</td>
<td>Intensity</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
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</table>

**EVER: CANNABIS INTOXICATION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever:CHC8O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>

/ /
CANNABIS INTOXICATION IN PP

Any of the following signs within 2 hours of using cannabis: conjunctival injection, increased appetite, dry mouth, tachycardia.

Have you had any physical effects in the last 3 months?

How many times in the last 3 months have you been intoxicated from marijuana?

Did your eyes get bloodshot?

Did you get a dry mouth?

Did you notice your heart beating fast?

Did your appetite change at all? Was it bigger?

How did you feel?

INTOXICATED IN LAST 3 MONTHS

0 = No
2 = Has been intoxicated during the last 3 months

SIGNS OF INTOXICATION

1 = BloodShot Eyes
2 = Dry Mouth
3 = Tachycardia
4 = Increased Appetite
**CANNABIS INDUCED BEHAVIORAL CHANGES**
This item applies to Cannabis use in the last 3 months.

*Do/Did you feel really happy when you smoke(d) pot?*

*Do/Did you feel suspicious of people?*

*Does/Did time seem to be slowed down?*

*Do/Did you feel anxious?*

*Did you want to be with other people or did you get withdrawn?*

*What was that like?*

*Did you seem to see, hear or feel strange things that weren't really happening?*

*Did you start to believe any strange or unusual things?*

---

**CANNABIS - DESIRE TO CUT DOWN**
The subject has at certain times felt that s/he would like to reduce his/her cannabis intake. There is no requirement that s/he should have actually done so.

*Do you want to cut down on how much "marijuana" you smoke?*

*When was the first time you thought you wanted to cut down?*
### CANNABIS- ADVISED TO CUT DOWN

Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her cannabis intake, on at least one occasion.

**Has anyone ever told you that you should cut down?**

- Who?
- When was the first time?
- What do those close to you think?

### CANNABIS - ATTEMPTS TO CUT DOWN

Actual effort at reduced cannabis intake or abstention have been made, lasting, at least 8 hours, but which proved unsuccessful at permanently reducing intake.

**Have you tried to cut down?**

- What happened?
- How many times have you tried?
- When did that start?

- How long did it last?
- Have you tried in the last 3 months?
- How long did that last?

---

<table>
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<td>Intensity</td>
</tr>
<tr>
<td>EVER:CHD0O01</td>
<td>Onset</td>
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</table>

### EVER: TRIED TO CUT DOWN

0 = Has never made attempt to cut down.
2 = Has made unsuccessful attempt at some time to cut down.

<table>
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<th>Codes</th>
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<tbody>
<tr>
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<tr>
<td>EVER:CHD1VO1</td>
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<tr>
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<td>Duration</td>
</tr>
<tr>
<td>EVER:CHD1O01</td>
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</table>

### TRIED TO CUT DOWN

0 = No attempt in last 3 months to cut down.
2 = Made attempt in last 3 months to cut down.

<table>
<thead>
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<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHD2I01</td>
<td>Intensity</td>
</tr>
<tr>
<td>CHD2D01</td>
<td>Duration</td>
</tr>
</tbody>
</table>
CANNABIS TOLERANCE

The need for an increased intake of "marijuana" (by at least 50%) to produce previously experienced psychological or behavioral changes associated with marijuana use.

***CODE ONLY IF IN THE LAST 3 MONTHS

Do you need to use more "marijuana" than you used to, to have the same effect?

Are you able to tolerate larger amounts than you used to?

How much more does it take now?
When did you start needing more to get the effect you wanted?

CANNABIS WITHDRAWAL

To be considered symptoms of withdrawal, symptoms must have occurred within 5 days of ending (or reducing marijuana intake during) a period of heavy ingestion of marijuana (lasting at least 3 days). Include symptoms such as tremor, nausea, vomiting, autonomic hyperactivity, headache, stomach ache, and insomnia.

What happens if you cut down on how much marijuana you use?
Tell me about the last time you cut down.
Do you notice any physical symptoms when you cut down?

Did your hands shake?
Did you have nausea or vomiting?
Were you sweating more or having a rapid heartbeat?
Did you have headache, stomachache, or trouble sleeping?
Do you smoke pot or use some other substance to make those "symptoms" go away?

When was the first time you noticed these "symptoms" when you tried to cut down?

IF COCAINE/CRACK USE ABSENT, SKIP TO "AMPHETAMINE", (PAGE 46).
**COCAINE SECTION**

*When questioning about drugs substitute the subject's name for them.*

**EVER: COCAINE USE WEEKLY**

*You said you have used cocaine before...*

How often have you used it?
Have there been times when you have used it more than that?
*Have you ever used it as often as once a week?*
When did that start?

**EVER: USED WEEKLY**

0 = No
2 = Yes

**EVER:CHD3E01**

Intensity

**EVER:CHD3O01**

Onset

**EVER:USED WEEKLY IN THE LAST 3 MONTHS**

0 = No
2 = Yes

**CHD3I01**

Intensity

**COCAINE USE DAILY**

*Have you ever used cocaine on a daily basis?*

Have you used cocaine for at least 5 days a week for a month or more?
When did you start using at that level?
Have you used cocaine daily in the last 3 months?

**EVER: COCAINE USE DAILY**

0 = Absent
2 = Present

**EVER:CHD4E01**

Intensity

**EVER:CHD4O01**

Onset

**EVER:COCAINE USE DAILY IN PP**

0 = Absent
2 = Present

**CHD4I01**

Intensity
CRACK SECTION

When questioning about drugs substitute the subject’s name for them.

CRACK

You said that you have used crack...

How often have you used it?
Have there been times when you have used it more often than that?
Do you use it now?

How often in the last 3 months?
Have you used it as often as once a week for a straight month?

When did that start?
Have you used it as often as every day?
Or more than that?
When did that start?
What about in the last 3 months?

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<th>Codes</th>
<th>Codes</th>
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<td>2 = Yes</td>
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<tr>
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<td>Ever:CHD6E01</td>
<td>USED WEEKLY (AT LEAST 1 DAY PER WEEK FOR A MONTH) IN LAST 3 MONTHS</td>
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<td></td>
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</table>
Definitions and questions

**MODE OF ADMINISTRATION (COCAINE/Crack)**

*Code the manner in which the drug has been administered during the last three months. If more than one method has been used, code them all.*

**NOTE LIFETIME CODING FOR INJECTING/SHARING NEEDLES**

**COCAINE/Crack ADMINISTRATION**

*How do you use it?*

- What about snorting it?
- Do you smoke it?
- What about freebasing?
- Have you injected it?

*What about during the last 3 months?*

*Have you shared a needle with anyone?*

*Did you do anything to clean the needle? What did you do?*

**Coding rules**

### MODE OF ADMINISTRATION (COCAINE/Crack)

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### METHODOLOGY

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<td></td>
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<tr>
<td>2</td>
<td>Yes, with attempt at hygienic precautions</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Yes, without attempt at hygienic precautions</td>
<td></td>
</tr>
</tbody>
</table>
**Cocaine/Crack Use in Combination**

*Did you use anything else with "cocaine" in the last 3 months?*

What?
What about alcohol?
How often was that?
When did that start?

What other drugs have you used with cocaine/crack in the last 3 months?

**Coding rules**

**Used in combination with Alcohol**

0 = No
2 = < 50% of the time
3 = > 50% of the time

**Used in combination with drugs**

0 = No
2 = Yes

**Cocaine/Crack used in combination with other drugs**

1 = Cannabis
2 = Cocaine/Crack
3 = Amphetamines/Ice/Meth
4 = Inhalants
5 = Heroin/Ecstasy
6 = Opioids/Oxycodone
7 = Hallucinogens/PCP/Psilocybin
8 = Sedatives
9 = With more than one of the above groups

Specify

**Codes**

CHD8I01
CHD8X01
CHD8I02
CHD8I03
CHD8I04
CHD8I05
CHD8I06
CHD8I07
CHD8I08
CHD8I09
CHD8I10
COCAINE INTOXICATION
Any of the following signs within 2 hours of using cocaine: tachycardia, pupillary dilation, perspiration or chills, nausea or vomiting, agitation or retardation, chest pains, confusion or seizures, unconsciousness or neuromuscular problems.

Do you get high when you use "cocaine"?
What is that like?
Have you ever noticed any physical effects when you used "cocaine"?
Or have any chills?
What did you notice?
When did you first notice that?
What about during the last 3 months?
How often?
Did you notice your heart beating fast?
Did your heart beat irregularly?
Did you get any chest pain?
Did you feel nauseous?
Or vomit?
Did you get sweaty?
Or have any chills?
Did anyone notice that your pupils were bigger than usual?
Did you notice any problems with your movements?
Like not being able to control your movements properly?
Did you get delirious on "cocaine"?
Did you pass out?
Did you have a fit or seizure?
How did you feel?
Do you feel really happy?
Did you get agitated?
Or get slowed down in your movements?
What was that like?
Were you moving around a lot?
Did you feel nervous or worried about what was going on around you?
Did you feel that something bad might be going on?

Codes

COCaine INTOXICATION
0 = No
2 = Has been intoxicated at some time
Ever:CHD9E01
Intensity
Ever:CHD9O01
Onset
/ /

INTOXICATED IN LAST 3 MONTHS
0 = No
2 = Has been intoxicated during the last 3 months
CHD9I01
Intensity
CHD9F01
Frequency

TACHYCARDIA/ARRHYTHMIA
0 = No
2 = Yes
CHD9X01

CHEST PAIN
0 = No
2 = Yes
CHD9X11

NAUSEA/VOMITING
0 = No
2 = Yes
CHD9X02

SWEATING
0 = No
2 = Yes
CHD9X03

CHILLS
0 = No
2 = Yes
CHD9X13

PUPILLARY DILATION
0 = No
2 = Yes
CHD9X04

NEUROMUSCULAR PROBLEMS
0 = No
2 = Yes
CHD9X15
### Definitions and questions

**Did you find yourself keeping a sharp lookout on what was going on?**

**Did you get suspicious about anything?**

**Did you start to feel important?**

Or that you were a really powerful person?

Or feel that you could do things that you couldn’t usually do?

**Did you see or hear anything that wasn’t really there?**

**Did you start to believe any strange or unusual things?**

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONFUSION</strong></td>
<td>CHD9X16</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>UNCONSCIOUSNESS</strong></td>
<td>CHD9X17</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>SEIZURES</strong></td>
<td>CHD9X18</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>EUPHORIA</strong></td>
<td>CHD9X06</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>PSYCHOMOTOR AGITATION</strong></td>
<td>CHD9X07</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>PSYCHOMOTOR RETARDATION</strong></td>
<td>CHD9X19</td>
</tr>
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<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
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<tr>
<td><strong>HYPERVIGILANCE</strong></td>
<td>CHD9X08</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>GRANDIOSITY</strong></td>
<td>CHD9X09</td>
</tr>
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<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
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</tr>
<tr>
<td><strong>HALLUCINATIONS</strong></td>
<td>CHD9X05</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>DELUSIONS</strong></td>
<td>CHD9X10</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td>Definitions and questions</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>IF THE SUBJECT HAS BEEN HYPERVIGILANT, UNDULY SUSPICIOUS, AGITATED, OR GRANDIOSE, PROBE FOR DELUSIONAL SYNDROME. MAKE A NOTE HERE THAT &quot;COCAINE&quot; ABUSE HAS BEEN PRECIPITANT OF PSYCHOTIC SYMPTOMS. IF IN THE PAST 3 MONTHS THE SUBJECT HAS USED COCAINE OR CRACK DAILY FOR ANY 5 DAY PERIOD, OR USED ON AT LEAST 10 DAYS, OR BEEN INTOXICATED AT LEAST 2 TIMES, COMPLETE DESIRE TO CUT DOWN AND MALADAPTIVE BEHAVIOR SECTION. EVIDENCE OF ADDITIONAL BEHAVIORAL CHANGE(S) ALSO REQUIRES COMPLETION OF MALADAPTIVE SECTION. OTHERWISE, SKIP TO NEXT DRUG. IF , SKIP TO &quot;AMPHETAMINE&quot;, (PAGE 46).</td>
<td></td>
</tr>
</tbody>
</table>
**COCAIN**: DESIRE TO CUT DOWN

The subject has at certain times felt that s/he would like to reduce his/her cocaine/crack intake. There is no requirement that s/he should have actually done so.

*Do you want to cut down on how much you use "cocaine"?*

*Have you ever wanted to?*
*When was that?*

**COCAIN**: ADVISED TO CUT DOWN

Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her cocaine/crack intake, on at least one occasion.

*Has anyone ever told you that you should cut down?*

*Who?*
*When was the first time?*
*What do those people close to you think?*

### Coding rules

#### COCAIN: DESIRE TO CUT DOWN

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No desire to cut down</td>
</tr>
<tr>
<td>2</td>
<td>Wishes to cut down</td>
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</table>

#### COCAIN: ADVISED TO CUT DOWN

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Never advised by parents or others to cut down</td>
</tr>
<tr>
<td>2</td>
<td>Advised to cut down</td>
</tr>
</tbody>
</table>

### Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHE0E01</td>
<td>Intensity</td>
</tr>
<tr>
<td>CHE0001</td>
<td>Onset</td>
</tr>
<tr>
<td>CHE1E01</td>
<td>Intensity</td>
</tr>
<tr>
<td>CHE1001</td>
<td>Onset</td>
</tr>
</tbody>
</table>

**FOR REVIEW ONLY**
COCAIN: ATTEMPTS TO CUT DOWN
Actual effort at reduced cocaine/crack intake or abstention made, lasting at least 8 hours, but which proved unsuccessful at permanently reducing intake.

Have you ever tried to cut down?

Why was that?
How many times have you tried?
When was the first time?
What about during the last 3 months?
How long did it last?

COCAIN: TRIED TO CUT DOWN
0 = Has never made attempt to cut down.
2 = Has made unsuccessful attempt at some time to cut down.

DAYS

TRIED TO CUT DOWN IN LAST THREE MONTHS
0 = No attempt in last 3 months to cut down.
2 = Made attempt in last 3 months to cut down.

 intensity
frequency
duration
onset

 Ever:CHE2E01
 Ever:CHE2V01
 Ever:CHE2D01
 Ever:CHE2O01

 / /

 Ever:CHE3I01
 Ever:CHE3D01
COCaine WITHDRAWAL
To be considered symptoms of withdrawal, the following symptoms must have occurred within 8 hours of ending (or reducing the amount of cocaine ingested during) a period of heavy ingestion of cocaine/crack (that lasted at least 3 days).

What happens if you cut down on your "cocaine" use?
Tell me about the last time you cut down.
Did you notice any physical symptoms?

Did you use cocaine or other substances to get the symptoms to go away?
Did it work?

When you cut down did you feel tired?
Was it bad enough to interfere with what you wanted to do?
Could you do anything or did you take anything to get yourself going?

Did it affect your sleep?

Did it affect your dreams?

Did you have an increase in anxiety or depression or irritability?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Code</th>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>COCAINE WITHDRAWAL</td>
<td>Ever:CHE4X01</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intensity</td>
<td></td>
</tr>
<tr>
<td>LAST 3 MONTHS</td>
<td>CHE4X02</td>
<td>Intensity</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FATIGUE</td>
<td>CHE4I01</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INSOMNIA</td>
<td>CHE4I02</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HYPERSOMNIA</td>
<td>CHE4I05</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>UNPLEASANT DREAMS</td>
<td>CHE4I06</td>
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<td></td>
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</tr>
<tr>
<td>INCREASED APPETITE</td>
<td>CHE4I07</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYCHOMOTOR RETARDATION OR AGITATION</td>
<td>CHE4I03</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DYSPHORIC MOOD</td>
<td>CHE4I04</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
IF AMPHETAMINE/ICE/METH USE ABSENT, SKIP TO "INHALANT", (PAGE 59).
Definitions and questions

AMPETAMINE, ICE, METHAMPHETAMINE
SECTION

AMPETAMINE
IF SUBJECT USED ONLY "ICE" OR "METH", MARK THIS PAGE AS STRUCTURALLY MISSING AND CONTINUE.

You said that you have used amphetamines...

How often have you used it?

Have you ever used amphetamines as often as once per week for a month?

When did that start?

Have you ever used amphetamines on a daily basis?

For how long?

Have you used at a level of 5 days a week for a month or more?

When did that start?

How often have you used in the last 3 months?

Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever:CHE5E01</td>
</tr>
<tr>
<td>Intensity</td>
</tr>
<tr>
<td>/ /</td>
</tr>
<tr>
<td>Ever:CHE5O01</td>
</tr>
<tr>
<td>Onset</td>
</tr>
<tr>
<td>/ /</td>
</tr>
<tr>
<td>CHE5I01</td>
</tr>
<tr>
<td>intensity</td>
</tr>
<tr>
<td>/ /</td>
</tr>
<tr>
<td>CHE6E01</td>
</tr>
<tr>
<td>Ever:</td>
</tr>
<tr>
<td>/ /</td>
</tr>
<tr>
<td>CHE6O01</td>
</tr>
<tr>
<td>Onset</td>
</tr>
<tr>
<td>/ /</td>
</tr>
<tr>
<td>CHE6I01</td>
</tr>
<tr>
<td>/ /</td>
</tr>
</tbody>
</table>
ICE
IF SUBJECT DID NOT USE "ICE", MARK AS STRUCTURALLY MISSING.

Have you ever used Ice as often as once per week for a month?
When did that start?
Have you ever used Ice daily?
For how long?
How often have you used Ice in the last 3 months?
When did you start using on at least 5 days per week for a month or more?

EVER: USED WEEKLY
0 = No
2 = Yes

USED WEEKLY IN LAST 3 MONTHS
0 = No
2 = Yes

EVER: USED DAILY
0 = No
2 = Yes

USED DAILY IN LAST 3 MONTHS
0 = No
2 = Yes
METHAMPHETAMINE

IF SUBJECT DID NOT USE METHAMPHETAMINE, MARK AS STRUCTURALLY MISSING.

Have you used methamphetamine as often as once a week for a month or more?

When did that start?

Have you used that often in the last 3 months?

Have you ever used meth as often as 5 days per week for a month or more?

When did that start?

How often have you used meth in the last 3 months?

**Coding rules**

**EVER: USED WEEKLY**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**EVER: USED DAILY**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**USED WEEKLY IN LAST 3 MONTHS**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
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</tbody>
</table>

**USED DAILY IN LAST THREE MONTHS**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>
MODE OF ADMINISTRATION
(AMPHETAMINE/ICE/METHAMPHETAMINE)

ADMINISTRATION
(AMPHETAMINE/ICE/METHAMPHETAMINE)

Code the manner in which the drug has been administered during the last three months. If more than one method has been used, code them all.

NOTE: LIFETIME CODING FOR INJECTING/SHARING NEEDLES.

N.B. ASK IF PILLS HAVE BEEN CRUSHED, DISSOLVED, OR SUSPENDED, AND THEN INJECTED.

You said that you have used amphetamines/ice/meth in the last 3 months, now I am going to ask you a little more about that.

How did you take it?
Was it a pill that you swallowed?
Did you inhale it?
Have you ever injected it?

What about in the last 3 months?
Did you inject it into the muscle or into a vein?
Did you ever share a needle with anyone?

Did you do anything to clean the needle? What?
Have you shared a needle in the last 3 months?

USE OF AMPHETAMINES/ICE/METH IN PP
0 = No
2 = Yes

ORAL
0 = No
2 = Yes

INHALED
0 = No
2 = Yes

EVER: INJECTED: SUBCUTANEOUS/IM
0 = No
2 = Yes

EVER: INJECTED: IV
0 = No
2 = Yes

EVER: SHARED NEEDLES
0 = No
2 = Yes, with attempt at hygienic precautions
3 = Yes, without attempt at hygienic precautions
Definitions and questions

USE IN COMBINATION (AMPHETAMINE/ICE/METH)

Did you use anything else when you used amphetamines, ice or meth in the last 3 months?

What was it?
What about alcohol?
Did you use something else with it more or less than 50% of the time?

Coding rules

USED IN COMBINATION PP

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

USED IN COMBINATION WITH ALCOHOL

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>&lt; 50% of the time</td>
</tr>
<tr>
<td>3</td>
<td>&gt; 50% of the time</td>
</tr>
</tbody>
</table>

USED IN COMBINATION WITH DRUGS

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cannabis</td>
</tr>
<tr>
<td>2</td>
<td>Cocaine/Crack</td>
</tr>
<tr>
<td>3</td>
<td>Amphetamines/Ice/Meth</td>
</tr>
<tr>
<td>4</td>
<td>Inhalants</td>
</tr>
<tr>
<td>5</td>
<td>Heroin/Ecstasy</td>
</tr>
<tr>
<td>6</td>
<td>Opioids/Oxycodone</td>
</tr>
<tr>
<td>7</td>
<td>Hallucinogens/PCP/Psilocybin</td>
</tr>
<tr>
<td>8</td>
<td>Sedatives</td>
</tr>
<tr>
<td>9</td>
<td>With more than one of the above groups</td>
</tr>
</tbody>
</table>

Codes

CHE9X05 Intensity
CHE9I05
CHE9I06
CHE9I07
CHE9I08
CHE9I09
CHE9I10
CHE9I11
CHE9I12
CHE9I13
CHE9I14

FOR REVIEW ONLY
INTOXICATION (AMPHETAMINE/ICE/METH)

Any of the following signs within 2 hours of using amphetamine/ice/meth: tachycardia, pupillary dilation, perspiration or chills, nausea or vomiting, agitation, retardation, chest pains, confusion, convulsion or seizure, unconsciousness, or neuromuscular problems, suspiciousness or paranoia, facial sores or skin lesions.

Have you ever noticed any physical effects when you used amphetamines/ice/meth?

What did you notice?
When was the first time you noticed that?
What about during the last 3 months?
How often, in the last 3 months, have you had any of those effects when you used?
Did you notice your heart beating fast?

Was your heartbeat irregular?

Did you get any chest pain?

Did you feel nauseous?

Did you vomit?

Did you get sweaty?

Or have chills?

Did anyone notice that your pupils were bigger than usual?

Did you notice any problems with your movements?

Like not being able to control your movements properly?

Did you get delirious on “amphetamines, ice or meth”?

Did you pass out?

Did you have a seizure or convulsions?

Did you become suspicious or paranoid around other people?

Did you get sores on your face or skin?

---

Coding rules

**EVER: INTOXICATED**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Has been intoxicated at some time</td>
</tr>
</tbody>
</table>

**INTOXICATED IN LAST 3 MONTHS**

<table>
<thead>
<tr>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Has been intoxicated during the last 3 months</td>
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</tbody>
</table>

**TACHYCARDIA/ARRHYTHMIA**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**CHEST PAIN**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**NAUSEA/VOMITING**

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<tr>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
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**SWEATING**

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<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
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<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**CHILLS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
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**PUPILLARY DILATION**

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**NEUROMUSCULAR PROBLEMS**

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### Definitions and questions

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</tr>
<tr>
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</tbody>
</table>

---

**Tobacco, Alcohol, and Drugs**

Page 52
AMPHETAMINE INDUCED BEHAVIORAL CHANGES
CODE FOR THE PAST 3 MONTHS.

IF THE SUBJECT HAS BEEN HYPERVIGILANT, UNDULY SUSPICIOUS, AGITATED, OR GRANDIOSE, PROBE FOR DELUSIONAL SYNDROME.

MAKE A NOTE HERE THAT AMPHETAMINE/ICE/METH ABUSE HAS BEEN PRECIPITANT OF PSYCHOTIC SYMPTOMS.

How did you feel?
Did you feel really happy?
Did you get agitated?

Or get slowed down in your movements?

What was that like?
Were you moving around alot or having trouble keeping still?

Did you feel nervous or worried about what was going on around you?

Did you feel that something bad might be going on?

Did you keep a sharp lookout for what was going on?
Did you start to feel really important?

Or that you were more powerful than usual and could do unusual things?

Did you see or hear anything that wasn’t really there?

Did you start to believe any strange or unusual things?

BEHAVIORAL CHANGES IN PP
CHF0199
0 = Absent
2 = Present

EUPHORIA
CHF0X06
0 = No
2 = Yes

PSYCHOMOTOR AGITATION
CHF0X07
0 = No
2 = Yes

PSYCHOMOTOR RETARDATION
CHF0X17
0 = No
2 = Yes

HYPERVIGILANCE
CHF0X08
0 = No
2 = Yes

GRANDIOSITY
CHF0X09
0 = No
2 = Yes

HALLUCINATIONS
CHF0X10
0 = No
2 = Yes

DELUSIONS
CHF0X11
0 = No
2 = Yes
IF THE SUBJECT HAS BEEN HYPERVIGILANT, UNDULY SUSPICIOUS, AGITATED, OR GRANDIOSE, PROBE FOR DELUSIONAL SYNDROME. MAKE A NOTE HERE THAT AMPHETAMINE ABUSE HAS BEEN PRECIPITANT OF PSYCHOTIC SYMPTOMS. IF DURING THE LAST 3 MONTHS SUBJECT HAS USED SUBSTANCE DAILY FOR ANY 5 DAY PERIOD, OR HAS USED AT LEAST 10 DAYS, OR BEEN INTOXICATED AT LEAST 2 TIMES, COMPLETE DESIRE TO CUT DOWN AND MALADAPTIVE BEHAVIOR. EVIDENCE OF ADDITIONAL BEHAVIORAL CHANGE(S) ALSO REQUIRES COMPLETION OF MALADAPTIVE BEHAVIOR SECTION. OTHERWISE, SKIP TO NEXT DRUG. IF IF DURING THE LAST 3 MONTHS SUBJECT HAS USED AMPHETAMINE DAILY...OTHERWISE, SKIP TO "INHALANT", (PAGE 59).
AMPHETAMINE/ICE/METH: DESIRE TO CUT DOWN
The subject has at certain times felt that s/he would like to reduce his/her amphetamine/ice/meth intake. There is no requirement that s/he should have actually done so.

*Have you ever wanted to cut down on how much you use amphetamines, ice, or meth?*

*When did you first feel that way?*

AMPHETAMINE/ICE/METH: ADVISED TO CUT DOWN
Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her amphetamine/ice/meth intake, on at least one occasion.

*Has anyone told you that you should cut down?*

*Who?*
*When was the first time?*
*What do those who care about you think?*

### Coding rules

#### EVER: DESIRE TO CUT DOWN
0 = No desire to cut down
2 = Wishes to cut down

#### EVER: ADVISED TO CUT DOWN
0 = Never advised by parents or others to cut down
2 = Advised to cut down
AMPHE T AMINE/ICE/METH: AT TEMPTS TO CUT DOWN

Actual effort at reduced amphetamine, ice, or meth intake or abstention made, lasting at least 8 hours, but which proved unsuccessful at permanently reducing intake.

Have you ever actually tried to cut down?

What happened?  
How many times have you tried?  
When was the first time?  
Have you tried in the last 3 months?  
For how long did you cut down?

EVER: TRIED TO CUT DOWN

0 = Has never made attempt to cut down.  
2 = Has made unsuccessful attempt at some time to cut down.

EVER:CHF3E01
Intensity

EVER:CHF3V01
Frequency

EVER:CHF3D01
Duration

EVER:CHF3O01
Onset

TRIED TO CUT DOWN IN PP

0 = No attempt in last 3 months to cut down.  
2 = Made attempt in last 3 months to cut down.

CHF4I01
Intensity

CHF4D01
Duration
AMPHETAMINE/ICE/METH WITHDRAWAL

To be considered symptoms of withdrawal, the following symptoms must have occurred within 8 hours of ending (or reducing the amount of amphetamine, ice, or meth ingested during) a period of heavy ingestion of amphetamine, ice or meth (that lasted at least 3 days).

What happens if you cut down on your amphetamines, ice, or meth?

Tell me about the last time you cut down. Did you notice any physical symptoms?

What happened?
Did you use amphetamines to make the “symptoms” go away?
Did it work?
When you cut down, did you feel tired?

Did it interfere with what you wanted to do?
Could you do anything to get yourself going?
Did it affect your sleep?

In what way?
Did it affect your dreams?

Or your appetite?

Were you slowed down in your movements?

Or did you move around a lot?

Did you notice that you were more depressed or irritable than usual?

IF INHALENT/NITRITE INHALENT USE ABSENT, SKIP TO "HEROIN/ECSTASY", (PAGE 69).
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>
**INHALANT/NITRITE INHALANT SECTION**

**INHALANT**

WHEN QUESTIONING ABOUT DRUGS SUBSTITUTE THE SUBJECT’S NAMES FOR THEM.

>You said that you have used inhalants...

Have you ever tried sniffing gas or glue?

Have you ever sniffed anything else like paint thinner, correction fluid, or markers?

What all things have you used as an inhalant? **Have you ever used inhalants as much as once a week for a month?**

When did that start? Have you ever used it as often as 5 days per week for a month or more?

When did that start? How often have you used inhalants in the last 3 months?

<table>
<thead>
<tr>
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<th>Codes</th>
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</thead>
<tbody>
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<td><strong>EVER: USED WEEKLY</strong></td>
<td>Ever:CHF6E01 intensity</td>
</tr>
<tr>
<td>0 = No</td>
<td><strong>Ever:CHF6001 Onset</strong></td>
</tr>
</tbody>
</table>
| 2 = Yes | /

| **USED WEEKLY IN LAST 3 MONTHS** | CHF6I01 intensity |
| 0 = No | **Ever:CHF7E01 Onset** |
| 2 = Yes | /

| **EVER: USED DAILY** |
| 0 = No |
| 2 = Yes |

| **USED DAILY IN LAST 3 MONTHS** |
| 0 = No |
| 2 = Yes |
Definitions and questions

**INHALANT USE IN COMBINATION**

*Did you use anything else with the inhalants in the last 3 months?*

*Did you use alcohol with the inhalants?*
*Or some other drug?*
*What was it?*
*How often was that?*

Coding rules

**INHALANT USE IN PP**

- CHF8X01
  - Intensity
  - 0 = Absent
  - 2 = Present

**USED IN COMBINATION WITH ALCOHOL**

- 0 = No
- 2 = < 50% of the time
- 3 = > 50% of the time

**USED IN COMBINATION WITH DRUGS**

- CHF8I02
- 1 = Cannabis
- 2 = Cocaine/Crack
- 3 = Amphetamines/Ice/Meth
- 4 = Inhalants
- 5 = Heroin/Ecstasy
- 6 = Opiods/Oxycodone
- 7 = Hallucinogens/PCP/Psylocybin
- 8 = Sedatives
- 9 = With more than one of the above groups
INHALANT INTOXICATION

Any of the following signs within 2 hours of using inhalant: dizziness, slurred speech, tremor, unsteady gait, incoordination, lethargy, psychomotor retardation, generalized muscle weakness, nystagmus, blurred vision/diplopia, euphoria, stupor/unconsciousness.

Did you get high when you used inhalants?

What about in the last 3 months?
What is that like?
Have you ever noticed any physical effects?

What did you notice?
When did that start?
How many times in the last 3 months have you been "high" from it?

Did you get dizzy?

Was your speech affected?

What was it like?

Did your hands shake?

Was your balance affected?

Were you unsteady on your feet?

Could you control your movements properly?

Was your energy affected?

In what way?

Were your movements slowed down at all?

Did you feel weak?

Did you actually lose power in your muscles?

Could you fix your eyes on things properly?

Or were they jerking about?

Was your vision affected?

Was it blurred?

Did you have double vision at any time?

Did you feel really happy?

Did you lose consciousness?

Coding rules

EVER: INTOXICATED

0 = No
2 = Has been intoxicated at some time

INTOXICATED IN LAST 3 MONTHS

0 = No
2 = Has been intoxicated during the last 3 months

DISSINESS

0 = Absent
2 = Present

SLURRED SPEECH

0 = Absent
2 = Present

TREMOR

0 = Absent
2 = Present

UNSTEADY GAIT

0 = Absent
2 = Present

INCOORDINATION

0 = Absent
2 = Present

LETHARGY

0 = Absent
2 = Present

PSYCHOMOTOR RETARDATION

0 = Absent
2 = Present

Codes

Ever:CHF9E01 Intensity

Ever:CHF9001 Onset

CHF9I01 Intensity

CHF9F01 Frequency

CHF9X01

CHF9X02

CHF9X03

CHF9X04

CHF9X05

CHF9X06

CHF9X07
IF DURING THE LAST 3 MONTHS SUBJECT HAS USED SUBSTANCE DAILY FOR ANY 5 DAY PERIOD, OR HAS USED AT LEAST 10 DAYS, OR BEEN INTOXICATED AT LEAST 2 TIMES, COMPLETE DESIRE TO CUT DOWN AND MALADAPTIVE BEHAVIOR. EVIDENCE OF ADDITIONAL BEHAVIORAL CHANGE(S) REQUIRES COMPLETION OF MALADAPTIVE SECTION. OTHERWISE SKIP TO NEXT DRUG.
IF IF SUBJECT HAS USED INHALANT FOR ANY 5 DAY PERIOD...OTHERWISE,, SKIP TO "NITRITE INHALANT", (PAGE 66).
INHALANT: DESIRE TO CUT DOWN
The subject has at certain times felt that s/he would like to reduce his/her inhalant intake. There is no requirement that s/he should have actually done so.

Do you want to cut down on how much you use inhalants?

When was the first time you wanted to?

INHALANT: ADVISED TO CUT DOWN
Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her inhalant intake, on at least one occasion.

Has anyone ever told you that you should cut down?

Who?
What do your loved ones and parents think?
When was the first time someone told you that you should cut down?

EVER: DESIRE TO CUT DOWN
0 = No desire to cut down
2 = Wishes to cut down

EVER: ADVISED TO CUT DOWN
0 = Never advised by parents or others to cut down
2 = Advised to cut down
INHALANT: ATTEMPTS TO CUT DOWN
Actual effort at reduced inhalant intake or abstention has been made, lasting at least 8 hours, but proving unsuccessful at permanently reducing intake.

Have you ever tried to cut down?
What happened?
How many times have you tried?
What's the longest period of time that you managed to cut down?
Have you tried to cut down in the last 3 months?
When did you first try to cut down?
How long did that last?

EVER: TRIED TO CUT DOWN
0 = No attempt in last 3 months to cut down.
2 = Made attempt in last 3 months to cut down.

DAYS

CHG3I01
Intensity

CHG3D01
Duration
INHALANT WITHDRAWAL

To be considered symptoms of withdrawal, the following symptoms must have occurred within 8 hours of ending (or reducing the amount of inhalant ingested during) a period of heavy ingestion of inhalant (that lasted at least 3 days).

What happens if you cut down on your inhalant use?

Tell me about the last time you cut down.
Do you notice any physical symptoms?
What kind?
Did you use inhalant or other substances to make the symptoms go away?
What happened then, did it work?
When you cut down did you feel tired?

Was it bad enough to interfere with what you wanted to do? Could you do anything or did you take anything to get yourself going?
Did it affect your sleep?

What happened to your sleep?
Did you get agitated?

What was that like?
What do you do about it?
How long did it last?

Coding rules

WITHDRAWAL IN PP
0 = Absent
2 = Present

FATIGUE
0 = Absent
2 = Tiredness or lassitude to a degree greater than normal

INSOMNIA
0 = Absent
2 = If the insomnia covers a period between 1 and 2 hours.
3 = If its duration is greater than or equal to 2 hours per night.

AGITATION
0 = Absent
2 = Agitation is present in at least 2 activities and cannot be entirely controlled, but sometimes the subject can inhibit his/her agitation with effort.
3 = Agitation almost entirely uncontrollable.
NITRITE INHALANT
WHEN QUESTIONING ABOUT DRUGS SUBSTITUTE THE SUBJECT'S NAMES FOR THEM

Have you ever tried poppers?
When was the first time?
How often?
Do you use poppers now, in the last 3 months?
Have you ever used it as often as once a week, for a month or more?
When did that start?
Have you ever used it as often as 5 days a week, for a month or more?
When did you start using at that level?
How about in the last 3 months, how much are you using?

Coding rules

**EVER: USED WEEKLY**

| 0 = No | 2 = Yes |

**USED WEEKLY IN LAST 3 MONTHS**

| 0 = No | 2 = Yes |

**EVER: USED DAILY**

| 0 = No | 2 = Yes |

**USED DAILY IN LAST 3 MONTHS**

| 0 = No | 2 = Yes |
Definitions and questions

NITRITE INHALANT: USE IN COMBINATION

Did you use anything else with poppers in the last 3 months?

Did you use alcohol with it?
How often was that?
Did you use some other substance?
What all did you use?
Did you start to believe any strange or unusual things?

Coding rules

USED IN COMBINATION WITH ALCOHOL

0 = No
2 = < 50% of the time
3 = > 50% of the time

USED IN COMBINATION WITH DRUGS

1 = Cannabis
2 = Cocaine/Crack
3 = Amphetamines/Ice/Meth
4 = Inhalants
5 = Heroin/Ecstasy
6 = Opiods/Oxycodone
7 = Hallucinogens/PCP/Psilocybin
8 = Sedatives
9 = With more than one of the above groups

DELUSIONS

0 = Absent
2 = Partial delusions.
3 = Full delusional conviction.

IF DURING THE LAST 3 MONTHS SUBJECT HAS USED SUBSTANCE DAILY FOR ANY 5 DAY PERIOD, OR HAS USED AT LEAST 10 DAYS, OR BEEN INTOXICATED AT LEAST TWICE, COMPLETE MALADAPTIVE BEHAVIOR. EVIDENCE OF ADDITIONAL BEHAVIORAL CHANGE REQUIRES COMPLETION OF MALADAPTIVE BEHAVIOR SECTION. IF IF SUBJECT HAS USED NITRITE INHALANT FOR ANY 5 DAY PERIOD...OTHERWISE,, SKIP TO "HEROIN/ECSTASY", (PAGE 69).
IF HEROIN/EXSTACY USE ABSENT, SKIP TO "OTHER OPIOIDS/OXYCODONE", (PAGE 78).
**HEROIN/EXSTASY SECTION**

**HEROIN/ECSTASY**

WHEN QUESTIONING ABOUT DRUGS SUBSTITUTE THE SUBJECT’S NAMES FOR THEM

You said you have tried heroin or ecstasy before.

How often have you used it?  
Do you use it now?  
**Have you ever used heroin as often as once a week for a month or more?**

When did that start?  
**Have you ever used it as much as 5 days a week for a month or more?**

When did you start using at that level?  
How much are you using now, during the last 3 months?

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<td>Ever:CHG6E01</td>
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<td><strong>USED WEEKLY IN LAST 3 MONTHS</strong></td>
<td>CHG5I01</td>
</tr>
<tr>
<td>0 = No</td>
<td>Onset</td>
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<td>2 = Yes</td>
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<tr>
<td><strong>USED DAILY IN LAST 3 MONTHS</strong></td>
<td>CHG6I01</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
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</table>
Definitions and questions

**HEROIN/EXSTACY: MODE OF ADMINISTRATION**

Code the manner in which heroin or ecstasy has been administered during the last three months. If more than one method has been used, code them all.

**NOTE LIFETIME CODING FOR INJECTING**

N.B. ASK IF PILLS HAVE BEEN CRUSHED, DISSOLVED, OR SUSPENDED, AND THEN INJECTED.

*Has there been heroin or ecstasy use in the last 3 months?*

**How do you take it?**

- Have you ever smoked it?
- What about freebasing?
- **Have you ever injected it?**

- What about during the last 3 months?
- **Have you ever shared a needle with anyone?**

- Did you do anything to clean the needle?
- What did you do?
- When you used a needle, did you inject into your muscle or into a vein?

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<td>ORAL</td>
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<tr>
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</tr>
<tr>
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<td>Ever:CHG7E01</td>
<td>Intensity</td>
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<tr>
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<td>0 = No</td>
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<tr>
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<tr>
<td>0 = No</td>
<td></td>
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</tr>
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<td>2 = Yes</td>
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<tr>
<td>Injected in last 3 months: IV</td>
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<td>0 = No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
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<td></td>
</tr>
<tr>
<td>EVER: SHARED NEEDLES</td>
<td>Ever:CHG7E03</td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 = Yes, with attempt at hygienic precautions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 = Yes, without attempt at hygienic precautions</td>
<td></td>
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</tbody>
</table>
HEROIN/EXTACY: USE IN COMBINATION

Did you use anything else with heroin in the last 3 months?

What?
What about alcohol?
How often was that?

Coding rules

HEROIN USE IN PP
0 = Absent
2 = Present

USED IN COMBINATION WITH ALCOHOL
0 = No
2 = < 50% of the time
3 = > 50% of the time

USED IN COMBINATION WITH DRUGS
1 = Cannabis
2 = Cocaine/Crack
3 = Amphetamines/Ice/Meth
4 = Inhalants
5 = Heroin/Ecstasy
6 = Opiods/Oxycodone
7 = Hallucinogens/PCP/Psylocybin
8 = Sedatives
9 = With more than one of the above groups
HEROIN/EXTACY INTOXICATION

Any of the following signs within 2 hours of using heroin: drowsiness, slurred speech, impaired attention/memory.

Do you get high when you use heroin?
What is that like?
How often do you get high?

Have you ever noticed any physical effects when you use heroin?
What did you notice?
When was the first time you got high from heroin?
How many times in the last 3 months have you been high on heroin?

Did anyone notice or do you know if your pupils were smaller than usual?

Did you feel drowsy?
Did you actually go to sleep?

Was your speech affected?
What was it like?

Was your concentration affected?
What happened?
Could you concentrate or did you find you couldn't be bothered by anything?

Was your memory affected?
What happened with your memory?

Did you lose interest in what was going on around you?

How did you feel?

Did you start to feel depressed or irritable or anxious after a while?

Were you physically slowed down?

Did you seem to see, hear, or feel strange things that weren't really happening?

Did you start to believe any strange or unusual things?

EVER: INTOXICATED
0 = No
2 = Has been intoxicated at some time

INTOXICATED IN LAST 3 MONTHS
0 = No
2 = Has been intoxicated at some time

PUPILLARY CONSTRICTION
0 = No
2 = Yes

DROWSINESS
0 = No
2 = Yes

UNCONSCIOUSNESS
0 = No
2 = Yes

SLURRED SPEECH
0 = No
2 = Yes

IMPAIRED ATTENTION/MEMORY
0 = No
2 = Yes

APATHY
0 = No
2 = Yes

DYSPHORIA
0 = No
2 = Yes

PSYCHOMOTOR RETARDATION
0 = No
IF DURING THE LAST 3 MONTHS SUBJECT HAS USED SUBSTANCE DAILY FOR ANY 5 DAY PERIOD, OR HAS USED AT LEAST 10 DAYS, OR BEEN INTOXICATED AT LEAST 2 TIMES, COMPLETE DESIRE TO CUT DOWN AND MALADAPTIVE BEHAVIOR. EVIDENCE OF ADDITIONAL BEHAVIORAL CHANGE(S) ALSO REQUIRES COMPLETION OF MALADAPTIVE SECTION. OTHERWISE, SKIP TO NEXT DRUG. IF IF SUBJECT HAS USED HEROIN OR EXSTACY DAILY FOR ANY 5 DAY PERIOD...OTHERWISE,, SKIP TO "OTHER OPIOIDS/OXYCODONE", (PAGE 78).
HEROIN/EXSTACY: DESIRE TO CUT DOWN
The subject has at certain times felt that s/he would like to reduce his/her heroin intake. There is no requirement that s/he should have actually done so.

*Have you ever wanted to cut down on how much you use heroin?*

*When was the first time?*

HEROIN/EXSTACY: ADVISED TO CUT DOWN
Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her intake of heroin, on at least one occasion.

*Has anyone ever told you that you should cut down?*

*Who?*

*When was the first time?*

*What do your loved ones or your parents think?*

<table>
<thead>
<tr>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever:CHG9E01</td>
</tr>
<tr>
<td>Ever:CHG9O01</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Ever:CHH0O01</td>
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<tr>
<th>Codes</th>
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<tbody>
<tr>
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</tr>
<tr>
<td>Ever:CHG9O01</td>
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<table>
<thead>
<tr>
<th>Codes</th>
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</thead>
<tbody>
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</tr>
<tr>
<td>Ever:CHH0O01</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Codes</th>
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</thead>
<tbody>
<tr>
<td>Ever:CHG9E01</td>
</tr>
<tr>
<td>Ever:CHG9O01</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Ever:CHH0O01</td>
</tr>
</tbody>
</table>
Definitions and questions

**HEROIN/EXSTACY: ATTEMPTS TO CUT DOWN**
Actual effort at reduced heroin intake or abstention made, lasting at least 8 hours, but which proved unsuccessful at permanently reducing intake.

* Have you ever tried to cut down?
  * What happened?
  * How many times have you tried?
  * When did you first try to cut down?

### Coding rules

#### EVER: TRIED TO CUT DOWN

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No attempt in last 3 months to cut down.</td>
</tr>
<tr>
<td>2</td>
<td>Made attempt in last 3 months to cut down.</td>
</tr>
</tbody>
</table>

#### DAYS

<table>
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<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

#### TRIED TO CUT DOWN

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No attempt in last 3 months to cut down.</td>
</tr>
<tr>
<td>2</td>
<td>Made attempt in last 3 months to cut down.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Codes

- Ever:CHH1E01 Intensity
- Ever:CHH1V01 Frequency
- Ever:CHH1D01 Duration
- Ever:CHH1O01 Onset
- CHH2I01 Intensity
- CHH2D01 Duration
HEROIN/EXSTACY: WITHDRAWAL
To be considered symptoms of withdrawal, the following symptoms must have occurred within 8 hours of ending (or reducing the amount of heroin ingested during) a period of heavy ingestion of heroin (that lasted at least 3 days).

What happens if you cut down on your heroin?
Tell me about the last time you cut down.
Do you notice any physical symptoms?

What happened?
Did you use heroin to make the symptoms go away?
Did it work?
What happened then?
Did you feel that you really needed some heroin very badly?

Did you feel nauseous?
Or vomit?

Did your muscles ache?
Did your eyes water?
Or your nose run?

Did you get goose-bumps?
Or get sweaty?

Did anyone notice or did you see that your pupils were very large?

Did you have diarrhea?
Did you yawn a lot?

Did you get a fever?
Was your sleep disturbed?
In what way?

WITHDRAWAL SYMPTOMS IN PP
0 = Absent
2 = Present

CRAVING
0 = No
2 = Yes

NAUSEA/VOMITING
0 = No
2 = Yes

MUSCLE ACHES
0 = No
2 = Yes

LACRIMATION/RHINORRHEA
0 = No
2 = Yes

PILOERECT/SWEATS
0 = No
2 = Yes

PUPILLARY DILATION
0 = No
2 = Yes

DIARRHEA
0 = No
2 = Yes

YAWNING
0 = No
2 = Yes

FEVER
0 = No
2 = Yes

INSOMNIA
0 = No
2 = Yes
IF OTHER OPIODS/OXYCODONE USE ABSENT, SKIP TO "LSD", (PAGE 87).
OTHER OPIOIDS/OXYCODONE
WHEN QUESTIONING ABOUT DRUGS SUBSTITUTE THE SUBJECT'S NAMES FOR THEM

You said that you have used other opioids and/or oxycodone...

How often have you used them?
Have you ever used "other opioids" at least once a week for a month or more?

When did that start?
Have you ever used it as often as 5 days a week for a month or more?

When did you start using at that level?
How much do you use now (in the last 3 months)?
Definitions and questions

OTHER OPIOIDS/OXYCODONE SECTION
OTHER OPIOIDS/OXYCODONE: MODE OF ADMINISTRATION

Code the manner in which the drug has been administered during the last three months. If more than one method has been used, code them all.

NOTE LIFETIME CODING FOR INJECTING.

N.B. ASK IF PILLS HAVE BEEN CRUSHED, DISSOLVED, OR SUSPENDED AND THEN INJECTED.

How do you take it?

Do you take pills?
Have you ever smoked it?

What about freebasing?
Have you ever injected it?

Into your muscles or into a vein?
What about during the last 3 months?

Have you ever shared a needle with anyone?

Did you do anything to clean the needle?
What did you do?

Coding rules

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value 1</th>
<th>Value 2</th>
<th>Value 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHH6X01</td>
<td>ADMINISTERED IN PP</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CHH6I01</td>
<td>ORAL</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CHH6I02</td>
<td>INHALED</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CHH6I03</td>
<td>EVER: INJECTED: SUBCUTANEOUS/IM</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CHH6I04</td>
<td>INJECTED IN LAST 3 MONTHS: IV</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CHH6E03</td>
<td>EVER: SHARED NEEDLES</td>
<td>0</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

FOR REVIEW ONLY
### OTHER OPIOIDS/OXYCODONE: USE IN COMBINATION

*Did you use anything else with “other opioids or oxycodone” in the last 3 months?*

**What was it?**
**What about alcohol?**
**How often was that?**

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>USED IN PP</td>
<td>CHH6X05</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td>USED IN COMBINATION WITH ALCOHOL</td>
<td>CHH6I05</td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = &lt; 50% of the time</td>
<td></td>
</tr>
<tr>
<td>3 = &gt; 50% of the time</td>
<td></td>
</tr>
<tr>
<td>USED IN COMBINATION WITH DRUGS</td>
<td>CHH6I06</td>
</tr>
<tr>
<td>1 = Cannabis</td>
<td></td>
</tr>
<tr>
<td>2 = Cocaine/Crack</td>
<td></td>
</tr>
<tr>
<td>3 = Amphetamines/Ice/Meth</td>
<td></td>
</tr>
<tr>
<td>4 = Inhalants</td>
<td></td>
</tr>
<tr>
<td>5 = Heroin/Ecstasy</td>
<td></td>
</tr>
<tr>
<td>6 = Opioids/Oxycodone</td>
<td></td>
</tr>
<tr>
<td>7 = Hallucinogens/PCP/Psilocybin</td>
<td></td>
</tr>
<tr>
<td>8 = Sedatives</td>
<td></td>
</tr>
<tr>
<td>9 = With more than one of the above groups</td>
<td></td>
</tr>
</tbody>
</table>
**OTHER OPIODS/OXYCODONE: INTOXICATION**

Any of the following signs within 2 hours of using opioids:

Check following signs of intoxication:

*Do you get high when you use opioids or oxycodone?*

What is that like?
How often do you get high?

*Have you ever noticed any physical effects when you use other opioids/oxycodone?*

What did you notice?
When was that?
What about during the last 3 months?

*Did you feel sleepy?*

Did you actually go to sleep?

*Was your speech affected?*

In what way?
*Was your concentration affected?*

What happened?
Could you concentrate on anything or was that a problem?

*Did anyone notice that your pupils were smaller than usual?*

*Did you lose interest in what was going on around you?*

How did you feel?

*Did you start to feel depressed or irritable or anxious after a while?*

*Were you physically slowed down?*

*Did you start to believe any strange or unusual things?*
IF DURING THE LAST 3 MONTHS SUBJECT HAS USED SUBSTANCE DAILY FOR ANY 5 DAY PERIOD, OR HAS USED AT LEAST 10 DAYS, OR BEEN INTOXICATED AT LEAST 2 TIMES, COMPLETE DESIRE TO CUT DOWN AND MALADAPTIVE BEHAVIOR. BEHAVIORAL CHANGE ALSO REQUIRES COMPLETION OF MALADAPTIVE SECTION. OTHERWISE, SKIP TO NEXT DRUG. IF IF SUBJECT HAS USED OTHER OPIOIDS/OXYCODONE FOR ANY 5 DAY PERIOD...OTHERWISE,, SKIP TO "LSD", (PAGE 87).
### Definitions and questions

**OTHER OPIOIDS/OXYCODONE: DESIRE TO CUT DOWN**

The subject has at certain times felt that s/he would like to reduce his/her opioid intake. There is no requirement that s/he should have actually done so.

*Have you ever wanted to cut down on how much you use opioids or oxycodone?*

*When did you first want to cut down?*

**OTHER OPIOIDS/OXYCODONE: ADVISED TO CUT DOWN**

Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her opioid intake, on at least one occasion.

*Has anyone ever told you that you should cut down?*

*Who?*

*What do your loved ones and parents think?*

*When was the first time you were told you should cut down?*

### Coding rules

**EVER: DESIRE TO CUT DOWN**

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No desire to cut down</td>
</tr>
<tr>
<td>2</td>
<td>Wishes to cut down</td>
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</table>

**EVER: ADVISED TO CUT DOWN**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>
 OTHER OPIOIDS/OXycodone: ATTEMPTS TO CUT DOWN

Actual effort at reduced opioid intake or abstention made, lasting at least 8 hours, but which proved unsuccessful at permanently reducing intake.

Have you ever tried to cut down?

What happened?
How many times have you tried?
When was the first time?
What about during the last 3 months?
What was the longest you were able to cut down for?
For how long did you cut down in the last 3 months?

EVER: TRIED TO CUT DOWN

0 = Has never made attempt to cut down.
2 = Has made unsuccessful attempt at some time to cut down.

EVER: CHI0E01
Intensity

EVER: CHI0V01
Frequency

DAYS

EVER: CHI0D01
Duration

EVER: CHI0O01
Onset

TRIED TO CUT DOWN

0 = No attempt in last 3 months to cut down.
2 = Made attempt in last 3 months to cut down.

DAYS

CHI1D01
Duration
OTHER OPIOIDS/OXYCODONE: WITHDRAWAL

To be considered symptoms of withdrawal, the following symptoms must have occurred within 8 hours of ending (or reducing the amount of opioids ingested during) a period of heavy ingestion of opioids (that lasted at least 3 days).

What happens if you cut down on your use of opioids or oxycodone?

Tell me about the last time you cut down. Do you notice any physical symptoms?

What happened?
Did you use opioids or oxycodone to make the symptoms go away?
Did it work?
What happened then?
Did you feel that you really needed some opioids or oxycodone very badly?

Did you feel nauseous?
Or vomit?
Did your muscles ache?
Did your eyes water?
Or your nose run?
Did you get goosebumps?
Or get sweaty?
Did anyone notice or could you tell that your pupils were very large?

Did you have diarrhea?

Did you yawn a lot?
Did you get a fever?
Was your sleep disturbed?
In what way?

**Coding rules**

**Codes**

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<tr>
<th>OPIOID WITHDRAWAL IN PP</th>
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<tr>
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</table>

<table>
<thead>
<tr>
<th>CRAVING</th>
<th>CHI2X01</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
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<tr>
<td>2 = Yes</td>
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<table>
<thead>
<tr>
<th>NAUSEA/VOMITING</th>
<th>CHI2X02</th>
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</thead>
<tbody>
<tr>
<td>0 = No</td>
<td></td>
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<tr>
<td>2 = Yes</td>
<td></td>
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<table>
<thead>
<tr>
<th>MUSCLE ACHES</th>
<th>CHI2X03</th>
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</thead>
<tbody>
<tr>
<td>0 = No</td>
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<table>
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<tr>
<th>LACRIMATION/RHINORRHEA</th>
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<tbody>
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<table>
<thead>
<tr>
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<tbody>
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<table>
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<table>
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<table>
<thead>
<tr>
<th>INSOMNIA</th>
<th>CHI2X10</th>
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</thead>
<tbody>
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<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
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</tbody>
</table>
IF HALLUCINOGEN USE ABSENT, SKIP TO "SEDATIVE", (PAGE 104).
HALLUCINOGENS SECTION

LSD

WHEN QUESTIONING ABOUT DRUGS SUBSTITUTE THE SUBJECT'S NAMES FOR THEM

You said you have tried LSD.

How often have you taken it?
Have you ever taken LSD on at least one day a week for a month or more?

When did that start?
Have you ever used it as often as 5 days a week for a month or more?

When did you start taking it at that level?
How often have you used LSD in the last 3 months?

EVER: USED WEEKLY

0 = No
2 = Yes

EVER: USED DAILY

0 = No
2 = Yes

USED WEEKLY IN LAST 3 MONTHS

0 = No
2 = Yes

USED DAILY IN LAST 3 MONTHS

0 = No
2 = Yes
**PSilocybin (Magic Mushrooms)**

**Definitions and questions**

*You said you have tried mushrooms.*

How often have you used shrooms?

*Have you ever used it at least once a week for a month or more?*

When did that start?

*Have you ever used them for 5 days a week for a month or more?*

When did you start using at that level?

*How often have you used them in the last 3 months?*

---

**Hallucinogen: Mode of Administration**

Code the manner in which the drug has been administered during the last three months. If more than one method has been used, code them all.

*How do you use LSD?*

Do you smoke it?

How about in eye drops?

---

**Coding rules**

**EVER: USED WEEKLY**

0 = No  
2 = Yes

**EVER: USED DAILY**

0 = No  
2 = Yes

**USED WEEKLY IN LAST 3 MONTHS**

0 = No  
2 = Yes

**USED DAILY IN LAST 3 MONTHS**

0 = No  
2 = Yes

**Used in Last 3 Months**

0 = Absent  
2 = Present

**ORAL**

0 = No  
2 = Yes

**SKIN ABSORPTION**

0 = No  
2 = Yes

**EYE DROPS**

0 = No  
2 = Yes
**Definitions and questions**

**HALLUCINOGEN: USE IN COMBINATION**

Did you use anything else with "LSD" in the last 3 months?

What?
What about alcohol?
How often was that?

**Coding rules**

**USE IN COMBINATION IN PP**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
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<td>Present</td>
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**USED IN COMBINATION WITH ALCOHOL**

<table>
<thead>
<tr>
<th>Code</th>
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</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>&lt; 50% of the time</td>
</tr>
<tr>
<td>3</td>
<td>&gt; 50% of the time</td>
</tr>
</tbody>
</table>

**USED IN COMBINATION WITH DRUGS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cannabis</td>
</tr>
<tr>
<td>2</td>
<td>Cocaine/Crack</td>
</tr>
<tr>
<td>3</td>
<td>Amphetamines/Ice/Meth</td>
</tr>
<tr>
<td>4</td>
<td>Inhalants</td>
</tr>
<tr>
<td>5</td>
<td>Heroin/Ecstasy</td>
</tr>
<tr>
<td>6</td>
<td>Opioids/Oxycodone</td>
</tr>
<tr>
<td>7</td>
<td>Hallucinogens/PCP/Psilocybin</td>
</tr>
<tr>
<td>8</td>
<td>Sedatives</td>
</tr>
<tr>
<td>9</td>
<td>With more than one of the above groups</td>
</tr>
</tbody>
</table>

**Codes**

CHI8X04 Intensity

CHI8I01

CHI8I02
HALLUCINOGEN: INTOXICATION

Any of the following signs within 2 hours of using a Hallucinogen: tachycardia, pupillary dilatation, sweating, palpitations, blurred vision, tremor, incoordination.

IF EVER USED OF HALLUCINOGEN BE SURE TO ASK ABOUT HALLUCINOGEN MOOD DISORDER AND POST HALLUCINOGEN PERCEPTION DISORDER

What happens when you use "LSD"?

Have you ever gotten high from it?
What is that like?
How often have you gotten high from it in the last 3 months?
Have you ever noticed any physical effects when you used LSD?

What did you notice?
When did that start?
Has that happened in the last 3 months?
How often?
Did you notice your heart beating fast?
Or irregularly?
Did you get sweaty?
Or have any chills?
Was your vision affected?
What happened to it?
Did your hands shake?
Was your balance affected?
What about your movements, could you control them properly?
Did anyone notice that your pupils were bigger than usual?
Did you see or hear any strange things?
What?
Did things seem much brighter or louder than usual?
Did you feel unreal?
Or that the world was unreal?
Did you see anything that wasn’t really there?
Or hear anything that wasn’t really there?
**Definitions and questions**

<table>
<thead>
<tr>
<th>Question</th>
<th>0 = No</th>
<th>2 = Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did any sensation seem to get changed into other sensations?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Like being able to feel colors or see sounds?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Did you feel nervous or worried about what was going on around you?</strong></td>
<td></td>
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<tr>
<td><strong>Did you feel that something bad might be going on?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you find yourself keeping a sharp lookout on what was going on?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Did you get suspicious about anything?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you start to feel important?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Or that you were a really powerful person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Or feel that you could do things you couldn't usually do?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Coding rules**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHANGED PERCEPTIONS</td>
<td>CHI9X08</td>
</tr>
<tr>
<td>DEREALIZATION</td>
<td>CHI9X09</td>
</tr>
<tr>
<td>DEPERSONALIZATION</td>
<td>CHI9X10</td>
</tr>
<tr>
<td>HALLUCINATIONS</td>
<td>CHI9X11</td>
</tr>
<tr>
<td>SYNTHESIA</td>
<td>CHI9X12</td>
</tr>
<tr>
<td>HYPERVIGILANCE</td>
<td>CHI9X13</td>
</tr>
<tr>
<td>GRANDIOSITY</td>
<td>CHI9X14</td>
</tr>
<tr>
<td>DELUSIONS</td>
<td>CHI9X15</td>
</tr>
</tbody>
</table>
IF USE OF HALLUCINOGEN BE SURE TO ASK ABOUT HALLUCINOGEN MOOD DISORDER AND POST HALLUCINOGEN PERCEPTION DISORDER. IF DURING THE LAST 3 MONTHS SUBJECT HAS USED SUBSTANCE DAILY FOR ANY 5 DAY PERIOD OR HAS USED AT LEAST 10 DAYS, OR BEEN INTOXICATED AT LEAST 2 TIMES, COMPLETE DESIRE TO CUT DOWN AND MALADAPTIVE BEHAVIOR. EVIDENCE OF ADDITIONAL BEHAVIORAL CHANGE REQUIRES COMPLETION OF MALADAPTIVE BEHAVIOR SECTION. OTHERWISE, SKIP TO NEXT DRUG. IF USE OF HALLUCINOGEN...OTHERWISE, SKIP TO "PCP", (PAGE 95).
**HALLUCINOGEN: DESIRE TO CUT DOWN**

The subject has at certain times felt that s/he would like to reduce his/her LSD intake. There is no requirement that s/he should have actually done so.

*Have you ever wanted to cut down on how much you use LSD?*

*When was the first time?*

**HALLUCINOGEN: ADVISED TO CUT DOWN**

Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her LSD intake, on at least one occasion.

*Has anyone ever told you that you should cut down?*

*Who?*

*What do your parents and other loved ones think?*

*When was the first time someone told you that you should cut down?*

---

**EVER: DESIRE TO CUT DOWN**

0 = No desire to cut down

2 = Wishes to cut down

---

**EVER: ADVISED TO CUT DOWN**

0 = Never advised by parents or others to cut down

2 = Advised to cut down
Definitions and questions

**HALUCINOGENS: ATTEMPTS TO CUT DOWN**
Actual effort at reduced LSD intake or abstention made, lasting at least 8 hours, but which proved unsuccessful at permanently reducing intake.

*Have you ever tried to cut down?*

What happened...tell me about the last time.
How many times have you tried?
How long did it last?
When did you first try to cut down?
Have you tried to cut down in the last 3 months?
How long did that last?

<table>
<thead>
<tr>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever:CHJ2E01 intensity</td>
</tr>
<tr>
<td>Ever:CHJ2V01 frequency</td>
</tr>
<tr>
<td>Ever:CHJ2D01 duration</td>
</tr>
<tr>
<td>Ever:CHJ2O01 onset</td>
</tr>
</tbody>
</table>

**EVER: TRIED TO CUT DOWN**

0 = No attempt in last 3 months to cut down.
2 = Made attempt in last 3 months to cut down.

**DAYS**

**TRIED TO CUT DOWN**

0 = No attempt in last 3 months to cut down.
2 = Made attempt in last 3 months to cut down.

**DAYS**

*FOR REVIEW ONLY*
PCP

WHEN QUESTIONING ABOUT DRUGS SUBSTITUTE THE SUBJECT'S NAMES FOR THEM

You said you have tried PCP.

How often have you taken it?

Have you ever used it as often as once a week for a month or more?

When did that start?

Have you ever used it as often as 5 days per week for a month or more?

When did you start using at that level?

How often have you used in the last 3 months?

Coding rules

<table>
<thead>
<tr>
<th>Ever: Used Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVER: CHJ4E01</td>
</tr>
<tr>
<td>Intensity</td>
</tr>
<tr>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ever: CHJ4O01 Onset</th>
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</thead>
<tbody>
<tr>
<td>/ /</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Used Weekly in Last 3 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVER: CHJ5E01</td>
</tr>
<tr>
<td>Intensity</td>
</tr>
<tr>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EVER: CHJ5O01 Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ /</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Used Daily in Last 3 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVER: CHJ5I01</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHJ5I01</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
</tr>
</tbody>
</table>
**PCP: MODE OF ADMINISTRATION**

Code the manner in which the drug has been administered during the last three months. If more than one method has been used, code them all.

**NOTE LIFETIME CODING FOR INJECTING.**

N.B. ASK IF PILLS HAVE BEEN CRUSHED, DISSOLVED, OR SUSPENDED, AND THEN INJECTED.

**How do you take it?**

Have you ever smoked it?
What about freebasing?

**Have you ever injected it?**

What about during the last 3 months?
Have you ever shared a needle with anyone?

**Coding rules**

<table>
<thead>
<tr>
<th>ADMINISTERED IN PP</th>
<th>CHj6X01</th>
</tr>
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<tbody>
<tr>
<td>0 = No</td>
<td>0 = No</td>
</tr>
<tr>
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<td>2 = Yes</td>
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</table>

<table>
<thead>
<tr>
<th>ORAL</th>
<th>CHj6I01</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
<td>2 = Yes</td>
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</table>

<table>
<thead>
<tr>
<th>SMOKED</th>
<th>CHj6I02</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
<td>2 = Yes</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>INHALED</th>
<th>CHj6I03</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
<td>2 = Yes</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>EVER: INJECTED</th>
<th>CHj6E01</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
<td>2 = Yes</td>
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</table>

<table>
<thead>
<tr>
<th>INJECTED IN LAST 3 MONTHS</th>
<th>CHj6I04</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
<td>2 = Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EVER: SHARED NEEDLES</th>
<th>CHj6E02</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td>0 = No</td>
</tr>
<tr>
<td>2 = Yes</td>
<td>2 = Yes</td>
</tr>
</tbody>
</table>
**PCP: USE IN COMBINATION**

*Did you use anything else with PCP in the last 3 months?*

What was it?
What about alcohol?
How often was it that you used alcohol with PCP, more or less than 50% of the time?

**Coding rules**

**USED PCP IN PP**
0 = No
2 = Yes

**USED IN COMBINATION WITH ALCOHOL**
0 = No
2 = < 50% of the time
3 = > 50% of the time

**USED IN COMBINATION WITH DRUGS**
1 = Cannabis
2 = Cocaine/Crack
3 = Amphetamines/Ice/Meth
4 = Inhalants
5 = Heroin/Ecstasy
6 = Opioids/Oxycodone
7 = Hallucinogens/PCP/Psylocybin
8 = Sedatives
9 = With more than one of the above groups

**Codes**

CHJ6X06: Intensity
CHJ6I05
CHJ6I06
**PCP: INTOXICATION**

Any of the following signs within 1 hour of using PCP: nystagmus, numbness/reduced pain response, ataxia, dysarthria, muscle rigidity, seizure, hyperacusis.

**Did you ever get high when using PCP?**

*What is it like?*

*How often do you get high?*

**Have you ever noticed any physical effects?**

*What did you notice?*

**Did you notice your heart beating fast?**

**Did the world seem to be spinning?**

**Did any parts of your body feel numb?**

**Did you notice that you weren’t feeling pain as much as usual?**

**Did you have any difficulty walking?**

*What was the problem?*

**Were your muscles affected?**

*How?*

**Did you ever have a fit or seizure?**

**Was your speech affected?**

*Was it slurred?*

**Did sounds seem unusually loud?**

**Or colors seem unusually bright?**

**Did you seem to see, hear, or feel strange things that weren’t really happening?**

**Did you start to believe any strange or unusual things?**

---

**Coding rules**

**EVER: INTOXICATED**

| 0 = No | 2 = Has been intoxicated at some time |

**INTOXICATED IN LAST 3 MONTHS**

| 0 = No | 2 = Yes |

**NYSTAGMUS**

| 0 = No | 2 = Yes |

**NUMBNESS/REDUCED PAIN RESPONSE**

| 0 = No | 2 = Yes |

**ATALAXIA**

| 0 = No | 2 = Yes |

**DYSARTHRIA**

| 0 = No | 2 = Yes |

**MUSCLE RIGIDITY**

| 0 = No | 2 = Yes |

**SEIZURE**

| 0 = No | 2 = Yes |

**HYPERACUSIS**

| 0 = No | 2 = Yes |

**AUDITORY, TACTILE, OR VISUAL ILLUSIONS**

| 0 = No |
IF USE OF HALLUCINOGEN, COMPLETE HALLUCINOGEN MOOD DISORDER AND POST HALLUCINOGEN PERCEPTION DISORDER. IF DURING THE LAST 3 MONTHS SUBJECT HAS USED SUBSTANCE DAILY FOR ANY 5 DAY PERIOD, OR HAS USED AT LEAST 10 DAYS, OR HAS BEEN INTOXICATED AT LEAST 2 TIMES, COMPLETE DESIRE TO CUT DOWN AND MALADAPTIVE BEHAVIOR SECTION. OTHERWISE, SKIP TO NEXT DRUG. IF IF USE OF HALLUCINOGEN FOR ANY 5 DAY PERIOD...OTHERWISE,, SKIP TO "SEDATIVE", (PAGE 104).
Definitions and questions

**PCP: DESIRE TO CUT DOWN**

The subject has at certain times felt that s/he would like to reduce his/her PCP intake. There is no requirement that s/he should have actually done so.

*Have you ever wanted to cut down on how much you use PCP?*

*When did you first think you wanted to cut down?*

**PCP: ADVISED TO CUT DOWN**

Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her PCP intake, on at least one occasion.

*Has anyone ever told you that you should cut down?*

*Who?*

*What do your parents and other loved ones think?*

*When was the first time you were advised to cut down?*

---

Coding rules

**EVER: DESIRE TO CUT DOWN**

| 0 = No desire to cut down |
| 2 = Wishes to cut down |

**EVER: ADVISED TO CUT DOWN**

| 0 = Never advised by parents or others to cut down |
| 2 = Advised to cut down |

---

Codes

| Ever:CHJ8E01 | Intensity |
| Ever:CHJ8O01 | Onset |
| / / |

| Ever:CHJ9E01 | Intensity |
| Ever:CHJ9O01 | Onset |
| / / |
PCP: ATTEMPTS TO CUT DOWN
Actual effort at reduced PCP intake or abstention made, lasting at least 8 hours, but which proved unsuccessful at permanently reducing intake.

Have you ever tried to cut down?
What happened?
How many times have you tried?
When was the first time?
Have you tried to cut down in the last 3 months?
How long did that last?

Ever: TRIED TO CUT DOWN
0 = No attempt in last 3 months to cut down.
2 = Made attempt in last 3 months to cut down.

DAYS

Intensity
Frequency
Duration
Onset

TRIED TO CUT DOWN
0 = No attempt in last 3 months to cut down.
2 = Made attempt in last 3 months to cut down.

DAYS

Intensity
Duration
HALLUCINOGEN MOOD DISORDER

Low mood, Subjective Anxious Affect, or Elevated Mood occurring within 3 weeks of beginning hallucinogen use, and persisting at least 24 hours after the cessation of such use.

IF EVER USED HALLUCINOGEN, ASK ABOUT HALLUCINOGEN MOOD DISORDER.

MAKE CAREFUL WRITTEN NOTES OF THE SYMPTOMATOLOGY ASSOCIATED WITH HALLUCINOGEN USE.

N.B. BE SURE TO ASK ABOUT ALL HALLUCINOGENS USED.

Did your mood change at all when you used "hallucinogen" in the last 3 months?

How did you feel?
What was it like?
How long did the mood change last?
Did you try stopping using "hallucinogen"?
Did that make any difference?
Was your mood still changed after you stopped?
For how long?
When did this first happen?
How often has it happened in the last 3 months?

TABLE:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHK2I01</td>
<td>Intensity</td>
</tr>
<tr>
<td>CHK2D01</td>
<td>Duration</td>
</tr>
<tr>
<td>CHK2F01</td>
<td>Frequency</td>
</tr>
<tr>
<td>CHK2O01</td>
<td>Onset</td>
</tr>
</tbody>
</table>

2 = Mood changes have occurred only in relation to hallucinogen use
3 = Mood changes have occurred both in relation to hallucinogen use and independently of it
POST-HALLUCINOGEN PERCEPTION DISORDER

IF EVER USED ANY HALLUCINOGEN, ASK ABOUT POST-HALLUCINOGEN PERCEPTION DISORDER.

N.B. ASK ABOUT ALL HALLUCINOGENS USED.

RE-EXPERIENCED PERCEPTUAL SYMPTOMS
The subject re-experiences one or more of the perceptual symptoms that characterized his/her use of a hallucinogen, when the hallucinogen has not been taken within the preceding 24 hours.

Have you ever had a flashback? (explain if necessary)
What was it like?
What did you see?
Was that like what happens/ed when you took "hallucinogen"?
How long did it last?
Have you had any in the last 3 months?
How many times?
When did you first have a flashback?

DISTRESS
During a period of re-experience of perceptual symptoms, the subject experienced Subjective Anxious Affect, or other unpleasant mood states.

How did you feel when you were having the flashback?
Did you feel frightened?
What were you doing when you felt that way?
Could you stop yourself from feeling that way?

IF SEDATIVE USE ABSENT, SKIP TO "MALADAPTIVE SCREEN", (PAGE 113).

RE-EXPERIENCE OF PERCEPTUAL SYMPTOMS
2 = Symptom intrusive into at least 2 activities and uncontrollable at least some of the time
3 = Symptom intrusive into almost all activities and hardly ever controllable.

DISTRESS
2 = Symptom intrusive into at least 2 activities and uncontrollable at least some of the time
3 = Symptom intrusive into almost all activities and hardly ever controllable.
SEDATIVE SECTION

SEDATIVE
WHEN QUESTIONING ABOUT DRUGS, SUBSTITUTE THE SUBJECT’S NAMES FOR THEM

You said that you have tried "sedatives".

How often have you taken them?
Have you ever used "sedative" as often as once a week for a month or more?

When did that start?
Have you ever used "sedative" as often as 5 days a week for a month or more?

When did you start using at that level?
How often have you used "sedative" in the last 3 months?

Coding rules

EVER: USED WEEKLY
0 = No
2 = Yes

EVER: CHK5E01
Intensity

EVER: CHK5O01
Onset

USED WEEKLY IN LAST 3 MONTHS
0 = No
2 = Yes

EVER: CHK5I01
Intensity

EVER: CHK6E01

USED DAILY IN LAST 3 MONTHS
0 = No
2 = Yes

EVER: CHK6O01
Onset

EVER: CHK6I01

USED DAILY IN LAST 3 MONTHS
0 = No
2 = Yes

Codes

EVER: CHK5E01
Intensity

EVER: CHK5O01
Onset

EVER: CHK6E01

USED DAILY IN LAST 3 MONTHS
0 = No
2 = Yes

EVER: CHK6O01
Onset

EVER: CHK6I01

USED DAILY IN LAST 3 MONTHS
0 = No
2 = Yes

Codes
SEDATIVE: MODE OF ADMINISTRATION

Code the manner in which the drug has been administered during the last three months. If more than one method has been used, code them all.

Note: LIFETIME CODING FOR INJECTING

N.B. ASK IF PILLS HAVE BEEN CRUSHED, DISSOLVED, OR SUSPENDED, AND THEN INJECTED

Now, I need to know "how" you used sedatives in the last 3 months.

How do you take it?

Was it some type of pill?

Have you ever injected "sedative"?

Have you done that in the last 3 months?

Have you ever shared needles with anyone?

Did you do anything to clean the needle?

What did you do?

ADMINISTERED SEDATIVE IN PP

0 = No
2 = Yes

CHK7X01
Intensity

ORAL

0 = No
2 = Yes

CHK7I01

EVER: INJECTED

0 = No
2 = Yes

Ever:CHK7E01
Intensity

INJECTED IN LAST 3 MONTHS

0 = No
2 = Yes

CHK7I02

EVER: SHARED NEEDLES

0 = No
2 = Yes, with attempt at hygienic precautions
3 = Yes, without attempt at hygienic precautions

Ever:CHK7E02
SEDATIVE: USE IN COMBINATION

Did you use anything else with the "sedative" in the last 3 months?

What?
What about alcohol?
How often was that?

USED SEDATIVE IN COMBINATION

0 = No
2 = Yes

USED IN COMBINATION WITH ALCOHOL

0 = No
2 = < 50% of the time
3 = > 50% of the time

USED IN COMBINATION WITH DRUGS

1 = Cannabis
2 = Cocaine/Crack
3 = Amphetamines/Ice/Meth
4 = Inhalants
5 = Heroin/Ecstasy
6 = Opiods/Oxycodone
7 = Hallucinogens/PCP/Psylocybin
8 = Sedatives
9 = With more than one of the above groups
**SEDATIVE: INTOXICATION**

Any of the following signs within 24 hours of using "sedative": slurred speech, incoordination, unsteady gait, impaired memory or attention.

*Do you get high when you use "sedative"?*

What is that like?
How often do you get high?
How do you feel then?

*Have you ever noticed any physical effects?*

What did you notice?
When was that?
What about during the last 3 months?

*Was your speech affected?*

What was it like?
Was it slurred?

*Were your movements affected?*

Did you lose your balance?
Could you walk properly?
Or did you tend to stagger a bit?
Did you bump into things at all?
Could you move your arms and hands properly?

*Was your coordination affected? (explain if necessary)*

Could you pay attention to things properly?

Or was your concentration affected?

*What about your memory?*

Did it have any effect on that?
What happened?
Was it difficult to remember things?

*Did you start to believe any strange or unusual things?*

---

**Coding rules**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHK9E01</td>
<td>Intensity of intoxication</td>
</tr>
<tr>
<td>CHK9F01</td>
<td>Frequency of intoxication</td>
</tr>
</tbody>
</table>

**EVER: INTOXICATED**

| 0 = No | 2 = Has been intoxicated at some time |

**INTOXICATED IN LAST 3 MONTHS**

| 0 = No | 2 = Has been intoxicated during the last 3 months |

**SLURRED SPEECH**

| 0 = No | 2 = Yes |

**INCOORDINATION**

| 0 = No | 2 = Yes |

**UNSTEADY GAIT**

| 0 = No | 2 = Yes |

**IMPAIRED MEMORY OR ATTENTION**

| 0 = No | 2 = Yes |

**DELUSIONS**

| 0 = Absent | 2 = Present |

---
IF DURING THE LAST 3 MONTHS SUBJECT HAS USED "SEDATIVE" FOR ANY 5 DAY PERIOD, OR HAS USED AT LEAST 10 DAYS, OR HAS BEEN INTOXICATED AT LEAST 2 TIMES, COMPLETE DESIRE TO CUT DOWN AND MALADAPTIVE BEHAVIOR. EVIDENCE OF ADDITIONAL BEHAVIORAL CHANGE REQUIRES COMPLETION OF THE MALADAPTIVE BEHAVIOR SECTION. OTHERWISE, SKIP TO NEXT SECTION. IF SUBJECT HAS USED SEDATIVE FOR ANY 5 DAY PERIOD...OTHERWISE, SKIP TO "SUBJECTIVE NEED FOR "SUBSTANCE"", (PAGE 114).
SEDATIVE: DESIRE TO CUT DOWN
The subject has at certain times felt that s/he would like to reduce his/her "sedative" intake. There is no requirement that s/he should have actually done so.

*Have you ever wanted to cut down on how much you use "sedative"?*

*When did that start?*

SEDATIVE: ADVISED TO CUT DOWN
Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her "sedative" intake, on at least one occasion.

*Has anyone ever told you that you should cut down?*

*Who?*
*What do your parents and other loved ones think?*
*When was the first time you were advised to cut down?*

**Coding rules**

**EVER: DESIRE TO CUT DOWN**

- 0 = No desire to cut down
- 2 = Wishes to cut down

**EVER: ADVISED TO CUT DOWN**

- 0 = Never advised by parents or others to cut down
- 2 = Advised to cut down
SEDATIVE: ATTEMPTS TO CUT DOWN
Actual effort at reduced "sedative" intake or abstention made, lasting at least 8 hours, but which proved unsuccessful at permanently reducing intake.

Have you ever tried to cut down?
What happened?
How many times have you tried?
When was the first time?
Have you tried in the last 3 months?
How long did that last?

Coded rules

EVER: TRIED TO CUT DOWN
0 = Has never made attempt to cut down.
2 = Has made unsuccessful attempt at some time to cut down.

EVER:CHL2E01
Intensity

EVER:CHL2V01
Frequency

EVER:CHL2D01
Duration

EVER:CHL2O01
Onset

DAYS

TRIED TO CUT DOWN
0 = No attempt in last 3 months to cut down.
2 = Made attempt in last 3 months to cut down.

CHL3I01
Intensity

CHL3D01
Duration
SEDATIVE: WITHDRAWAL

To be considered symptoms of withdrawal, symptoms must have occurred within 8 hours of ending a period of heavy ingestion of "sedative" (that lasted at least 3 days), or of a reduction in the amount of "sedative" used.

Have you experienced any withdrawal symptoms in the last 3 months?

What happens if you cut down on your "sedative"?

Tell me about the last time you cut down.
Did you notice any physical symptoms?

What happened?
Did you take any "sedative" to make the symptoms go away?
Did it work?
Did you feel nauseated?

Did you vomit?

Did you feel weak?

Did it affect your activities at all?

In what way?
Did you notice your heart beating fast?

Or irregularly?
Did you notice yourself breathing faster than usual?
Did you notice your stomach churning?
Did you get sweaty?
Or have diarrhea or have to urinate frequently?
Did you get a lump in your throat?
Or get flushed?
Did you feel anxious?

Or nervous or worried?
What was that like?
Did you get bad-tempered?

Did you get dizzy when you stood up at all?

Did your hands shake?

Did you have shakes anywhere else?
Was your sleep affected?

Did you have any blackouts?

Or fits?

Did you seem to see, hear or feel strange things that weren't really happening?
Did you ever take “sedative” or anything else to stop these symptoms?

Coding rules

2 = Yes

AUDITORY, TACTILE, OR VISUAL HALLUCINATIONS
0 = No
2 = Yes

TAKES “SEDATIVE” TO PREVENT WITHDRAWAL SYMPTOMS
0 = No
2 = Yes

CHL4X11

CHL4X09
**Definitions and questions**

**MALADAPTIVE BEHAVIORAL CHANGES**

*Complete the Maladaptive section on alcohol use meeting criteria as well as any drug meeting criteria.*

**MALADAPTIVE SCREEN**

Alcohol or any drug met criteria for entry into the Maladaptive Section i.e. was used on at least 10 days of the primary period, was used 5 days in a row, or caused intoxication at least 2x, or any additional behavioral changes.

*Let’s review then...*

Was there alcohol use sufficient to enter the Maladaptive section?

Was there any drug use sufficient to enter the Maladaptive section?

Which ones?

---

**IF ANY SUBSTANCE USED DAILY FOR ANY 5 DAY PERIOD IN LAST 3 MOS, OR USED ON AT LEAST 10 DAYS, OR SUBJECT HAS BEEN INTOXICATED AT LEAST TWICE, COMPLETE THIS SECTION. POSITIVE CODINGS FOR ADDITIONAL BEHAVIORAL CHANGE(S) ALSO REQUIRE ENTRANCE INTO THE MALADAPTIVE SECTION.**

**IF ANY SUBSTANCE USED DAILY FOR ANY 5 DAY PERIOD IN LAST 3 MOS, OR USED ON > 10 DAYS OR INTOXICATED 2X, COMPLETE SECTION, OTHERWISE, SKIP TO "DIAGNOSIS OF PHYSICAL ILLNESS" NOT PRESENT", (PAGE ERROR! BOOKMARK NOT DEFINED.).**
**SUBJECTIVE NEED FOR "SUBSTANCE"

A feeling of need or craving to consume "substance", that is, at least sometimes, intrusive into other thoughts or activities, and cannot always be controlled except through using "substance".

**Do you sometimes need "substance" to help you get through the day?**

**Does it bother you if you don't have "substance" on any given day?**

**Do you crave it?**

When did that start?
When did you have your first "substance" of the day?

**Do you miss it if you can't get "substance"?**

What happens if you don't get "substance"?
**USES "SUBSTANCE" TO IMPROVE MOOD**

The subject describes using "substance" in an attempt to relieve dysphoria, anxiety, or irritability, or to induce an increased feeling of well-being.

*Do you sometimes use "substance" to cheer yourself up when you feel low?*

*Or to keep yourself from getting down?*

*Or to keep from feeling anxious or stressed?*

*Do you use to keep from feeling irritable?*

*When did that start?*

*How often does that happen?*

*Is that usually why you use "substance"?*

**Coding rules**

**USES "SUBSTANCE" TO IMPROVE MOOD**

- 0 = Absent
- 2 = Sometimes uses substance to improve mood
- 3 = Sometimes uses substance to improve mood (>=50% of the time)

**Codes**

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<th>CIA1I03</th>
<th>CIA1I04</th>
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<td>Cannabis</td>
<td>Cocaine/Crack</td>
<td>Amphet./Ice/Meth</td>
<td>Inhalants</td>
<td>Heroin/Opioids/X/Oxy</td>
<td>Hallucinogens</td>
<td>Sedatives</td>
</tr>
</tbody>
</table>

**SUBSTANCE LIST**

1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives
Tobacco, Alcohol, and Drugs

**Definitions and questions**

**TIME SPENT IN "SUBSTANCE" RELATED BEHAVIOR**

Amount of time spent in "substance" related behavior including activities associated with getting and consuming "substance" and recovering from the effects of using "substance".

*How much time do you spend using "substance"?*

*Or getting "substance", including locating it, going after it, etc.?*

*Or getting it ready to use (whatever preparatory measures are appropriate for the substances used)?*

*Or recovering from the effects of using it (being hungover, sleeping it off, etc.)?*

*How much time, in an average day, do you spend in "substance-related" activities?*

**COST OF SUBSTANCES PER WEEK IN LAST 3 MONTHS**

*Have you spent any money on substances in the last 3 months, including drugs or alcohol?*

*How much did you spend per week in the last 3 months on drugs and alcohol?*

*How do you pay for your use of "substance"?*

*Where do you get the money?*

**Coding rules**

**TIME SPENT**

0 = < 1 hour per day
2 = 1-3 hours per day
3 = > 3 hours per day

**SUBSTANCE LIST**

1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives

**COST OF SUBSTANCES PER WEEK IN LAST 3 MONTHS**

*Have you spent any money on substances in the last 3 months, including drugs or alcohol?*

*How much did you spend per week in the last 3 months on drugs and alcohol?*

*How do you pay for your use of "substance"?*

*Where do you get the money?*
TOLERANCE
The need for increased intake of "substance" (by at least 50%) to produce previously experienced psychological or behavioral changes associated with "substance" use.

Do you need to use more "substance" than you used to, to have the same effect?
Are you able to tolerate larger amounts of "substance" than you used to?
How much more?
When did you start to need more?

TOLERANCE
0 = Does not show tolerance.
2 = Needs to use "substance" at least 50% more than previously to obtain desired effect or can tolerate at least 50% more than previously.

SUBSTANCE LIST
1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives
OVERCONSUMPTION

Consumption of more "substance" than intended on a particular occasion. If regular overconsumption is present, consider carefully whether the subject's behavior also conforms to the definition of a Narrowed "Substance" Use Repertoire.

Do you sometimes use more "substance" than you mean to?

Like intending to have just one or two, but then using much more?

How often has that happened in the last 3 months?

When did that start?

OVERCONSUMPTION

0 = Has not used "substance" more than meant to.

2 = Sometimes uses "substance" more than meant to.

SUBSTANCE LIST

1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives
UNCONTROLLABLE "SUBSTANCE" USE
Episodes in which, whatever his/her original intentions, the subject keeps on using "substance" until unable to use "substance" any more, either because of the unavailability of further "substance" or because of physical incapability (e.g. severe nausea).

Once you start using "substance", do you ever find that you just can't stop until it's all gone?

Or until you physically can't take any more (e.g. because of unconsciousness, vomiting, "sore lungs", etc.)?

Do you ever use "substance" just because it's there?

How often does that happen?
When did that start?

CIA5I01 Intensity
0 = Never unable to resist using "substance" until no further "substance" available or unable to use "substance" any more.
2 = Sometimes unable to stop
3 = Usually (> 50% of the time) unable to stop until no further "substance" available or unable to use "substance" any more.

CIA5F01 Frequency

CIA5O01 Onset

SUBSTANCE LIST
1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives

CIA5I02
CIA5I03
CIA5I04
CIA5I05
CIA5I06
CIA5I07
CIA5I08
CIA5I09
**Definitions and questions**

**NARROWED "SUBSTANCE" USE REPERTOIRE**

The subject tends to use "substance" in the same way in any situation, even when a particular pattern may be inappropriate. For instance using "substance" heavily when on a first date, or using "substance" as much whether alone or in company. Subject is unable to have a repertoire of substance using behaviors; patterns of heavy use are no longer differentiated by environment.

**Do you "get high (drunk) (use substance)" in inappropriate circumstances?**

Like where?

**Do you have different patterns of using "substance" in different situations?**

Do you vary how you use "substances" depending on the situation?

**When did that start to happen?**

Like when you go on a date, as compared with when you are with your friends?
MORNING “SUBSTANCE” USE
Use of “substance” within 2 hours of rising. Take into consideration persons who work shift-work and question “within 2 hours of rising” even if that is not “in the morning”.

Do you use “substance” soon after you get up?
How soon after you get up?
How often in the last 3 months?
Do you feel you need it in the morning?
When did that start?
Do you ever try anything else instead or as a substitute?
Definitions and questions

DISINHIBITED AGGRESSION
After using "substance" the subject has been verbally or physically aggressive in a way that is not characteristic of his/her behavior when not intoxicated.

Have you gotten into any arguments when you were "high (drunk)"?

When you've used a lot of "substance" do you get bad-tempered or angry?
More than usual?
How often in last 3 months?
When did that start?

Have you gotten into any physical fights when you were "high (drunk)" in the last 3 months?

Do you think you are more aggressive when you use drugs or alcohol?
How often?
When did that start?

Coding rules

DISINHIBITED AGGRESSION
0 = Not unusually aggressive when under the influence of "substance".
2 = Has been atypically verbally aggressive when under the influence of "substance" during last 3 months.
3 = Has been atypically physically aggressive when under the influence of "substance" during last 3 months.

Codes

SUBSTANCE LIST
1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives
Definitions and questions

**DISINHIBITED SEXUALITY**
After using "substance" the subject is sexually provocative, or forward in a way that is not characteristic of his/her behavior when not intoxicated.

Have you made a pass at anyone when you were "high (drunk)?"

Have you tried to pick anyone up when you were "high (drunk)?"

Have you done anything of a sexual nature while drunk or high that you would not normally do?

What happened?
Is that the sort of thing that you would do when you hadn't been using "substance"?
How often in the last 3 months?
When did that start?

Coding rules

**DISINHIBITED SEXUALITY**
0 = No episodes of disinhibited sexuality during last 3 months.

2 = Has been atypically sexually disinhibited while under the influence of "substance" during the last 3 months.

3 = Has sexually assaulted someone while under the influence of "substance", during the last 3 months.

**SUBSTANCE LIST**
1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives
POOR JUDGMENT
After using "substance", the subject shows poor judgment, as defined in the Mania section.

Uncharacteristic behaviors performed with disregard for possible negative consequences.

Did you do anything that you regret?
Or anything that seemed really stupid afterwards?

What?
How many times in the last 3 months have you done something like that?
When did that start?

POOR JUDGMENT
0 = Absent
2 = Treatment for alcohol.
3 = Treatment for drugs.
4 = Treatment for both.

SUBSTANCE LIST
1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives
SOCIAL PROBLEMS AT HOME

Relationship problems with spouse, significant other, parents or siblings that have resulted from "substance" use.

CODE AS IN INCAPACITY SECTION.

Is your "substance" use ever involved in any problems at home?

With whom?
How does your spouse/significant other feel about it?
How do your parents react?
Has anyone done anything about it?
Like what?
When did it start to be a problem at home?

SOCIAL PROBLEMS IN FAMILY

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</tr>
<tr>
<td>2 = Partial incapacity</td>
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<td>3 = Complete incapacity</td>
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ONSET

<table>
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SUBSTANCE LIST

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<tr>
<td>8 = Sedatives</td>
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</tbody>
</table>

FOR REVIEW ONLY
SOCIAL PROBLEMS WITH FRIENDS
Relationship problems with peers that have resulted from "substance use".
CODE AS IN INCAPACITY SECTION.

What do your friends think?

Have you changed your friends since you've been using "substance"?

Has it caused any trouble with your friends or other people your own age?

What happened?
When did that start?
Have you lost any friends because of using "substance"?

Are there people who just won't hang around you anymore because of your using?

SOCIAL PROBLEM WITH FRIENDS
0 = Absent
2 = Partial incapacity
3 = Complete incapacity

SUBSTANCE LIST
1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
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7 = Hallucinogens
8 = Sedatives
REDUCED ACTIVITIES
A reduction in activities that has resulted from "substance" use.

*Have you stopped doing any things that you used to enjoy because of using "substance"?*

Like sports or hobbies?
What?
Why did you stop?
Have you given up anything else?
When did that start?

REDUCED ACTIVITIES
0 = Absent
2 = Partial incapacity
3 = Complete incapacity

SUBSTANCE LIST
1 = Alcohol
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8 = Sedatives

FOR REVIEW ONLY
FOR REVIEW ONLY
Definitions and questions

**SCHOOL/COLLEGE/UNIVERSITY/WORK AFFECTED**

Negative effects on school/college/university or work, performance and/or achievement that have resulted from "substance" use.

**CODE AS IN INCAPACITY SECTION.**

1. **Has your education or work ever been affected because you were using "substance"?**
   - When was that?
   - What happened?
   - What about during the last 3 months?

2. **Have you ever been to school/college/university or work when you were "high (drunk)"?**
   - What happened?

3. **Have you gotten into any trouble there because "substance" was involved?**
   - What happened?

4. **Have you neglected your studies or work because of "substance"?**
   - Have you missed any classes or work because of "substance use"?
   - How much?
   - When was that?
   - What about in the last 3 months?

**Coding rules**

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<th>SCHOOL/WORK AFFECTED</th>
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**SUBSTANCE LIST**

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<td>Inhalants</td>
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<td>Heroin/Opioids/X/Oxy</td>
<td>CIB4I07</td>
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<tr>
<td>Hallucinogens</td>
<td>CIB4I08</td>
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<tr>
<td>Sedatives</td>
<td>CIB4I09</td>
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</tbody>
</table>
DANGEROUS ACTIVITIES
Activities that physically endanger either the subject or others, undertaken while intoxicated, such as driving while intoxicated, or operating machinery while intoxicated.

*Have you done any dangerous things when you were "high (drunk)" in the last 3 months?*

Like driving?
Or showing off or taking risky dares?
What happened?
How often in the last 3 months?
When did that start?

SUBSTANCE LIST
1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives
"SUBSTANCE" RELATED CRIME
Illegal activities undertaken either to obtain "substance", or associated with intoxication with "substance".

PROSTITUTION IS ALSO CODED AS SEXUAL ACTIVITY FOR GAIN.

DEALING IS ALSO CODED AS DEALING DRUGS.

Have you done anything illegal while you were "high" in the last 3 months?
- What did you do?
- Did you get caught?
- What happened?
- When was the first time?

Have you ever stolen to get money for "substance"?
- Or stolen any "substance"?

Have you ever been a runner or dealer to get money for "substance"?

Have you ever had sex with anyone or engaged in prostitution to get "substance"?

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SUBSTANCE LIST
- 1 = Alcohol
- 2 = Cannabis
- 3 = Cocaine/Crack
- 4 = Amphet./Ice/Meth
- 5 = Inhalants
- 6 = Heroin/Opioids/X/Oxy
- 7 = Hallucinogens
- 8 = Sedatives
MANUFACTURING/DISTRIBUTION OF SUBSTANCE

Participation in the growing, manufacturing, and/or distribution of illegal substances. Include trafficking across state lines and from other countries.

Have you grown any illegal substances in the last 3 months?

Have you made or manufactured any illegal substances?

Have you been involved in distributing "illegal substances"?

What did you do?

Have you used your home or vehicle in "substance" related activity?

Or have you rented a building or vehicle to use in "substance" related activity?

Have you taken substance across state lines or into another country?

What "substances" were involved?

When was the first time you did something like that?

MANUFACTURING/DISTRIBUTION OF SUBSTANCE

0 = No
2 = Yes

SUBSTANCE LIST

1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives
TROUBLE WITH THE LAW

Any involvement with the police associated with using "substance".

*Have you been in trouble with the police in the last 3 months on account of using "substance"?*

*Have you been arrested, been to Court, been in jail or on probation because of drugs or alcohol?*

What happened?
When was the first time?
MOOD LABILITY

Unstable mood swings, often from excessive joviality to maudlin misery or anxiety. Mood lability should only be coded here if it is sufficiently pronounced as to lead to effects that seem inappropriate to the situation (such as copious, apparently unprovoked, weeping in a bar), or appear to have interfered with the normal course of conversation or activities.

*Does your mood change at all when you are high?*

How do you feel?
What is it like?
Does your mood go way up and down?
What about in the last 3 months?
When did that start?

MOOD LABILITY

0 = Absent
2 = Symptom intrusive into at least 2 activities and uncontrollable at least some of the time.
3 = Symptom intrusive into almost all activities and hardly ever controllable.

SUBSTANCE LIST

1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives
**Definitions and questions**

**PHYSICAL PROBLEMS**

Include any physical problems that either stem directly from intoxication (such as those resulting from injuries from an accident while intoxicated), or that a physician has told the subject are related to "substance" use.

MAKE WRITTEN NOTE OF NATURE OF PHYSICAL PROBLEMS.

**Have you had any other physical problems on account of "substance" in the last 3 months?**

Like coughing, shortness of breath, nausea, headaches, etc.

**Have you been to a Doctor as a result of substance use in the last 3 months?**

When did that start?

Did anyone tell you that using "substance" was responsible?

Were you hospitalized because of it?

Did you keep on using "substance" anyway?

**Coding rules**

**PHYSICAL PROBLEMS**

0 = Absent

2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

**SUBSTANCE LIST**

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

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**Codes**

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<td>CIB9I08</td>
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<tr>
<td>CIB9I09</td>
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</tbody>
</table>
BLACKOUTS
Episodes of amnesia lasting at least 1 hour that occur in relation to bouts of heavy "substance" use.

Have there been any times when you couldn’t remember what had happened when you were using "substance"?

Did you black out?
Tell me about it.
When did that start?
Has it happened in the last 3 months?
How often?
How long was the period that you couldn’t remember?

Coding rules

EVER: BLACKOUTS
0 = No
2 = Yes

BLACKOUTS
0 = No
2 = Yes

INTENSITY
CIC0F01

FREQUENCY
CIC0D01

DURATION
CIC0O01

ONSET
CIC0I02

SUBSTANCE LIST
1 = Alcohol
2 = Cannabis
3 = Cocaine/Crack
4 = Amphet./Ice/Meth
5 = Inhalants
6 = Heroin/Opioids/X/Oxy
7 = Hallucinogens
8 = Sedatives

FOR REVIEW ONLY
UNCONSCIOUSNESS

Code here episodes in which the subject uses "substance" until unconscious.

**Have you ever passed out?**

*How about in the last 3 months?*
*When did that first happen?*

*How many times have you passed out from substance use in the last 3 months?*
### LIFE EVENTS

*Events occurring in the life and environment of the subject.* Life threatening events are events that have caused, or had the potential to cause, death or severe injury. The events should be those in which people actually died or were seriously injured and/or property was extensively damaged, or those events which had the potential to have these outcomes.

*Most events should have been noted in the interview by this point. For each event that occurred, ask about attribution and painful recall.* If painful recall present as about avoidance, and hyperarousal.

**Attributions:** Subject states that life event has contributed to a problem or symptom already identified. **Painful Recall:** Subject experiences unwanted, painful and distressing recollections, memories, thoughts, or images of life event. May include repetitive play or trauma-specific reenactment. **Avoidance:** Subject avoids situations, thoughts, or feelings that might provoke painful recall. **Hyperarousal:** Symptoms of anxiety or increased arousal not present before the trauma (or exacerbated by the trauma) that may include difficulty falling or staying asleep, hypervigilance (increased general level of awareness and alertness toward the subject's surroundings, in the absence of imminent danger which may be manifested by an exaggerated startle response, jumpiness, scanning the environment for danger). Some individuals report irritability, anger or difficulty concentrating or completing tasks. **IF PAINFUL RECALL, AVOIDANCE, AND HYPERAROUSAL SCREEN ALL POSITIVE, NOTE ON THE PTSD SCREEN PAGE (CHECKLIST).** **NOTE:** **IF MORE THAN ONE EVENT IS CHECKED ON THE PTSD SCREEN PAGE (CHECKLIST), THE PTSD SECTION WILL BE COMPLETED TWICE:** **ONCE FOR THE LIFE EVENT GROUP B OR GROUP A THAT THE SUBJECT DESCRIBES AS THE MOST UPSETTING IN THE LAST 3 MONTHS, AND SECONDLY FOR THE LIFE EVENT IN GROUP B THAT THE SUBJECT DESCRIBES AS THE MOST UPSETTING EVENT EVER.
GROUP A EVENTS
NEW CHILD(REN) LIVING IN HOME
New child(ren) (less than 18 years of age) who have come to live in the home permanently during the primary period. May be newborn or adopted child, foster child, or child(ren) of a previous relationship.

CODE ID # OF SIBLING FROM FAMILY SECTION.

Have any children come to live in your home in the last 3 months?
Who is that?
When did s/he come to live with you?
Does your “parent” look after him/her?

Who is that?
When did s/he come to live with you?

Who is that?
When did s/he come to live with you?

NEW CHILD(REN) LIVING IN HOME CKA0I90
0 = Absent
2 = Present

NEW CHILD #1 IN HOME CKA0I01
1 = Sibling #1
2 = Sibling #2
3 = Sibling #3
4 = Sibling #4
5 = Sibling #5
6 = Sibling #6
7 = Sibling #7
8 = Sibling #8
9 = Sibling #9

ONSET OF NEW CHILD #1 CKA0O01

NEW CHILD #2 IN HOME CKA0I02
1 = Sibling #1
2 = Sibling #2
3 = Sibling #3
4 = Sibling #4
5 = Sibling #5
6 = Sibling #6
7 = Sibling #7
8 = Sibling #8
9 = Sibling #9

ONSET OF NEW CHILD #2 CKA0O02

NEW CHILD #3 IN HOME CKA0I03
1 = Sibling #1
2 = Sibling #2
3 = Sibling #3
4 = Sibling #4
5 = Sibling #5
6 = Sibling #6
Definitions and questions

IF "NEW CHILD(REN) LIVING IN HOME" NOT PRESENT, SKIP TO "PARENTAL SEPARATION", (PAGE 6).

Coding rules

7 = Sibling #7
8 = Sibling #8
9 = Sibling #9

ONSET OF CHILD #3

Codes

CKA0003

/ /
NEW CHILD(REN) LIVING IN HOME - Attribution

In the last 3 months, has this "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

NEW CHILD(REN) LIVING IN HOME: Painful Recall

In the last 3 months, have thoughts or pictures of "life event" come into your mind?

Even when you didn't want them to?

What was that like?
Have you had any nightmares about the event?
**Definitions and questions**

| IF PAINFUL RECALL PRESENT, COMPLETE AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "PARENTAL SEPARATION", (PAGE 6). |  |

**Coding rules**

**Codes**
Definitions and questions

NEW CHILD(REN) LIVING IN HOME - AVOIDANCE
Do certain things remind you of "life event"?
What things?
Do you try to avoid these things/thoughts?

NEW CHILD(REN) LIVING IN HOME - HYPERAROUSAL
Since "life event", have you been more jumpy or irritable?
Have you had any trouble sleeping?
Have you been "on the alert" for bad things happening?

PARENTAL SEPARATION
Parental figures have separated during the primary period. One parental figure has moved out of the house, apparently permanently. Either parent may have begun divorce proceedings.

Have your "parents" split up in the last 3 months?
What happened?
Are you planning to get back together again?

IF PARENTAL SEPARATION PRESENT, COMPLETE. OTHERWISE, SKIP TO "EVER: PARENTAL DIVORCE", (PAGE 9).

Coding rules

AVOIDANCE SCREEN
0 = Absent
2 = Present

HYPERAROUSAL SCREEN
0 = Absent
2 = Present

PARENTAL SEPARATION
0 = Absent
2 = Present

PARENT WHO HAS MOVED OUT
0 = Male parental figure
2 = Female parental figure
**Definitions and questions**

**PARENTAL SEPARATION - ATTRIBUTION**

*In the last 3 months have thoughts or pictures of "life event" come into your mind?*

*Even when you didn't want them to?*

*What was that like?*  
*In what way?*

**PARENTAL SEPARATION - PAINFUL RECALL**

*In the last 3 months have thoughts or pictures of "life event" come into your mind?*

*Even when you didn't want them to?*

*What was that like?*  
*Have you had any nightmares about the event?*

**IF PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "EVER: PARENTAL DIVORCE", (PAGE 9).**
Definitions and questions

PARENTAL SEPARATION - AVOIDANCE

*Do certain things/thoughts remind you of "life event"?*

What things?
Do you try to avoid these things/thoughts?

PARENTAL SEPARATION - HYPERAROUSAL

*Since "life event", have you been more jumpy or irritable?*

Have you had any trouble sleeping?
Have you been “on the alert” for bad things happening?

EVER: PARENTAL DIVORCE

Parental figures have ever completed divorce proceedings.

Code dates of up to three other divorces between parental figures with whom child has lived.

*Have your parents ever been divorced?*

PARENTAL DIVORCE

Parental figures have completed divorce proceedings in the last 3 months.

*Have your “parents” finalized their divorce in the last 3 months?*

When did that happen?

IF "PARENTAL DIVORCE" NOT PRESENT, SKIP TO "NEW PARENTAL FIGURE", (PAGE 12).

Coding rules

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<tr>
<td>CKA4O01</td>
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<td>2 = Divorce finalized in last three months.</td>
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</table>
PARENTAL DIVORCE - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what ways?

ATTRIBUTION

0 = Absent
2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:
1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
6 = Mania
7 = Physical symptoms.
8 = Food-related behavior.
9 = Hyperactivity/ADD
10 = Conduct disorder.
11 = Alcohol/drugs
12 = Psychosis
13 = Relationships with parent #1 and/or parent #2.
14 = Relationships with other parent #1 and/or other parent #2.
15 = Relationships with other adults.
16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner

PARENTAL DIVORCE - PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into your mind?

Even when you didn't want them to?

What was that like?
Have you had any nightmares about the event?
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<th>Definitions and questions</th>
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<td>**IF PARENTAL DIVORCE PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE,</td>
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<td>SKIP TO “NEW PARENTAL FIGURE”, (PAGE 12).</td>
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</table>
Definitions and questions

PARENTAL DIVORCE-AVOIDANCE

Do certain things remind you of “life event”?

What things?
Do you try to avoid these things/thoughts?

PARENTAL DIVORCE-HYPERAROUSAL

Since “life event”, have you been more jumpy or irritable?

Have you had any trouble sleeping?
Have you been “on the alert” for bad things happening?

NEW PARENTAL FIGURE

New Parental figure moved into the child’s home during the last 3 months and has been there as least one month, due to remarriage or establishment of apparently permanent relationship.

Did a new “parent” move into your home in the last 3 months?
Is s/he there to stay?

IF NEW PARENTAL FIGURE PRESENT, COMPLETE ATTRIBUTION AND PAINFUL RECALL. OTHERWISE, SKIP TO “PLACES LIVED IN LAST 5 YEARS”, (PAGE 15).

Coding rules

AVOIDANCE SCREEN

0 = Absent
2 = Present

HYPERAROUSAL SCREEN

0 = Absent
2 = Present

NEW PARENTAL FIGURE

0 = Absent
2 = Present

Onset

FOR REVIEW ONLY
NEW PARENTAL FIGURE - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

NEW PARENTAL FIGURE - PAINFUL RECALL

In the last 3 months have thoughts or pictures of "life event" come into your mind?

Even when you didn’t want them to?
What was that like?
Have you had any nightmares about the event?
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<td>IF NEW PARENTAL FIGURE PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO &quot;PLACES LIVED IN LAST 5 YEARS&quot;, (PAGE 15).</td>
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NEW PARENTAL FIGURE - AVOIDANCE
Do certain things/thoughts remind you of "life event"?
What things?
Do you try to avoid these things/thoughts?

NEW PARENTAL FIGURE - HYPERAROUSAL
Have you had any trouble sleeping?
Since "life event", have you been more jumpy or irritable?
Have you been "on the alert" for bad things happening?

PLACES LIVED IN LAST 5 YEARS
Subject moved, with or without change of family structure.

REMEMBER TO CODE PARENTAL SEPARATION, CHANGE OF SCHOOL, LOSS OF FRIENDS, ETC. IN RELEVANT SECTIONS.

How many places have you lived in the last 5 years?
How many places has s/he lived in the last 5 years?
When was the last time that s/he moved?
Date of last move in last 5 years

MOVING HOUSE
Subject moved, with or without change of family structure.

REMEMBER TO CODE PARENTAL SEPARATION, CHANGE OF SCHOOL, LOSS OF FRIENDS, ETC. IN RELEVANT SECTIONS.

Have you moved to a new place in the last 3 months?
Is your home in the same neighborhood?
When did you move?

IF MOVING NOT PRESENT, SKIP TO "CHANGE OF SCHOOL", (PAGE 19).
Definitions and questions

Coping rules

Codes
MOVING HOUSE - ATTRIBUTION

In the last 3 months have thoughts or pictures of "life event" come into your mind?

Which ones?
In what way?

ATTRIBUTION
0 = Absent
2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:
1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
6 = Mania
7 = Physical symptoms.
8 = Food-related behavior.
9 = Hyperactivity/ADD
10 = Conduct disorder.
11 = Alcohol/drugs
12 = Psychosis
13 = Relationships with parent #1 and/or parent #2.
14 = Relationships with other parent #1 and/or other parent #2.
15 = Relationships with other adults.
16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner

MOVING HOUSE-PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into your mind?

Even when you didn't want them to?

What was that like?
Have you had any nightmares about the event?

PAINFUL RECALL SCREEN
0 = Absent
2 = Present

IF "MOVING HOUSE" PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "CHANGE OF SCHOOL", (PAGE 19).
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MOVING HOUSE-AVOIDANCE

Do certain things remind you of "life event"?

What things?

Do you try to avoid these things/thoughts?

MOVING HOUSE-HYPERAROUSAL

Since "life event", have you been more jumpy or irritable?

Have you had any trouble sleeping?

Have you been "on the alert" for bad things happening?

CHANGE OF SCHOOL

Subject changed schools. Change may be routine because subject was promoted (e.g. elementary to middle school, or middle school to high school) or non-routine, either because of moving, family choice, necessity, or expulsion from previous school.

Have you changed schools in the last 3 months?

When did you last change schools?

Why was that?

When did you leave the old school?

When did/do you start at the new school?

Will any friends from your old school be at the new school?

Do you know anyone at the new school?

IF CHANGE OF SCHOOL NOT PRESENT, SKIP TO "LOSS OF BEST FRIEND THROUGH MOVING", (PAGE 22).
Definitions and questions

CHANGE OF SCHOOLS - ATTRIBUTION

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

Which ones?
In what way?

Coding rules

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CHANGE OF SCHOOLS - PAINFUL RECALL

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

Even when you didn’t want them to?

What was that like?
Have you had any nightmares about the event?

Coding rules

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IF CHANGE OF SCHOOLS PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "LOSS OF BEST FRIEND THROUGH MOVING", (PAGE 22).
Definitions and questions

CHANGE OF SCHOOLS-AVOIDANCE
Do certain things/thoughts remind you of "life event"?
What things?
Do you try to avoid these things/thoughts?

CHANGE OF SCHOOLS-HYPERAROUSAL
Since "life event", have you been more jumpy or irritable?
Have you had any trouble sleeping?
Have you been "on the alert" for bad things happening?

IF ALL SCREENS ARE POSITIVE, PLACE CHECKMARK ON PTSD CHECKLIST.

LOSS OF BEST FRIEND THROUGH MOVING
Move by subject or significant other resulted in the end of a close relationship, with significant figure no longer available for sharing confidences and doing things together. Do not include friendships maintained after move through phone calls, letters, and/or visits.

CODE BOY/GIRLFRIEND SEPARATELY

Have you lost contact with someone you cared about in the last 3 months because one of them moved?

Who moved?
Do you still have some contact with him/her?

IF LOSS OF BEST FRIEND THROUGH MOVING NOT PRESENT, SKIP TO "BREAKUP WITH BEST FRIEND", (PAGE 25).

Coding rules

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</table>
Definitions and questions

**LOSS OF BEST FRIEND THROUGH MOVING - ATTRIBUTION**

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

Which ones?
In what way?

**LOSS OF BEST FRIEND THROUGH MOVING - PAINFUL RECALL**

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

Even when you didn’t want them to?
What was that like?
Have you had any nightmares about the event?

Coding rules

**ATTRIBUTION**

0 = Absent
2 = Present

**ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:**

1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
6 = Mania
7 = Physical symptoms.
8 = Food-related behavior.
9 = Hyperactivity/ADD
10 = Conduct disorder.
11 = Alcohol/drugs
12 = Psychosis
13 = Relationships with parent #1 and/or parent #2.
14 = Relationships with other parent #1 and/or other parent #2.
15 = Relationships with other adults.
16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner
Specify

**PAINFUL RECALL SCREEN**

0 = Absent
2 = Present
IF LOSS OF BEST FRIEND THROUGH MOVING PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "BREAKUP WITH BEST FRIEND", (PAGE 25).
Definitions and questions

**LOSS OF BEST FRIEND THROUGH MOVING-AVOIDANCE**

*Do certain things/thoughts remind you of "life event"?*

What things?

*Do you try to avoid these things/thoughts?*

**LOSS OF BEST FRIEND THROUGH MOVE-HYPERAROUSAL**

*Since "life event", have you been more jumpy or irritable?*

Have you had any trouble sleeping?

Have you been "on the alert" for bad things happening?

**BREAKUP WITH BEST FRIEND**

Loss of a best friend through conflict or quarrel. Loss should seem permanent.

CODE BREAKUP WITH BOYFRIEND/GIRLFRIEND SEPARATELY. IF MORE THAN ONE BREAKUP, CODE THE ONE SUBJECT SAID WAS THE MOST UPSETTING.

Have you ended a relationship with a best friend in the last 3 months?

Who was that?

What happened?

**IF BREAKUP WITH BEST FRIEND PRESENT CONTINUE, OTHERWISE, SKIP TO "BREAKUP WITH BOY/GIRLFRIEND", (PAGE 28).**
BREAKUP WITH BEST FRIEND-ATTRIBUTION
Loss of a best friend through conflict or quarrel. Loss should seem permanent.

Have you broken up with a best friend in the last 3 months?
Who was that?
What happened?

BREAKUP WITH BEST FRIEND-PAINFUL RECALL
In the last 3 months, have thoughts or pictures of "life event" come into your mind?
What was that like?
Have you had any nightmares about the event?
IF BREAKUP WITH BEST FRIEND PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "BREAKUP WITH BOY/GIRLFRIEND", (PAGE 28).
**BREAKUP WITH BEST FRIEND-AVOIDANCE**

*Do certain things remind you of “life event”?*

*What things?*
*Do you try to avoid these things/thoughts?*

**BREAKUP WITH BEST FRIEND-HYPERAROUSAL**

*Since “life event”, have you been more jumpy or irritable?*

*Have you had any trouble sleeping?*
*Have you been “on the alert” for bad things happening?*

**BREAKUP WITH BOY/GIRLFRIEND**

Relationships with boy/girlfriend ends because of conflict, “falling out of love”, or geographical move. Do not include love relationships that turn into regular friendships without conflict, or love relationships maintained by phone calls, letters, and/or visits.

*Have you broken up with a boy/girlfriend in the last 3 months?*

*What happened?*
*Have you broken up for good?*
*Are you still friends?*

---

**IF BREAKUP PRESENT, COMPLETE ATTRIBUTION AND PAINFUL RECALL. OTHERWISE, SKIP TO "LIVES/ATTENDS SCHOOL/WORKS IN CHRONICALLY UNSAFE ENVIRONMENT", (PAGE 31).**
**BREAKUP WITH BOY/GIRLFRIEND - ATTRIBUTION**

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

Which ones?
In what way?

**BREAKUP WITH BOY/GIRLFRIEND - PAINFUL RECALL**

*In the last 3 months have thoughts or pictures of "life event" come into your mind?*

Even when you didn't want them to?
What was that like?
Have you had any nightmares about the event?
IF BREAKUP WITH BOY/GIRLFRIEND PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "LIVES/ATTENDS SCHOOL/WORKS IN CHRONICALLY UNSAFE ENVIRONMENT", (PAGE 31).
### Definitions and questions

**BREAKUP WITH BOY/GIRLFRIEND - AVOIDANCE**

*Do certain things/thoughts remind you of "life event"?*

What things?

*Do you try to avoid these thing/thoughts?*

**BREAKUP WITH BOY/GIRLFRIEND - HYPERAROUSAL**

*Since "life event", have you been more jumpy or irritable?*

*Have you had any trouble sleeping?*

*Have you been "on the alert" for bad things happening?*

**LIVES/ATTENDS SCHOOL/WORKS IN CHRONICALLY UNSAFE ENVIRONMENT**

Subject lives, attends school/college/university or works in an area seen as chronically unsafe or threatening.

**CODE DISCRETE THREATENING EVENTS WITNESSED BY SUBJECT SEPARATELY.**

*Do you live or go to school in an unsafe place?*

*Or work in an unsafe place?*

What is it like?

*Have you been afraid that you might be hurt?*

*Or that you would die?*

---

### Coding rules

#### ATtribution

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#### Intensity

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### Codes

- **CKB8I02** Intensity
- **CKB8I03** Intensity
- **CKB9I01** Intensity
- **CKB9D01** Duration
**Definitions and questions**

**LIVES/ATTENDS SCHOOL/WORKS IN CHRONICALLY UNSAFE ENVIRONMENT - ATTRIBUTION**

_In the last 3 months, has "life event" affected any of the problems we have been talking about?_

*Which ones?*

*In what way?*

**Coding rules**

**CKB9I99**

**Intensity**

0 = Absent
2 = Present

**CKB9X01**

**ATTRIBUTION:**

1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
6 = Mania
7 = Physical symptoms.
8 = Food-related behavior.
9 = Hyperactivity/ADD
10 = Conduct disorder.
11 = Alcohol/drugs
12 = Psychosis
13 = Relationships with parent #1 and/or parent #2.
14 = Relationships with other parent #1 and/or other parent #2.
15 = Relationships with other adults.
16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner

*Specify*

---

*Life Events* 32
**LIVES/ATTENDS SCHOOL/WORKS IN CHRONICALLY UNSAFE ENVIRONMENT-PAINFUL RECALL**

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

*Even when you don’t want them to?*

*What was that like?*

*Have you had any nightmares about the event?*

**IF PAINFUL RECALL PRESENT, ASK ABOUT AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "PARENTAL ARREST", (PAGE 34).**

**Coding rules**

**PAINFUL RECALL SCREEN**

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**Codes**

CKC0I01

Intensity
Definitions and questions

LIVES/ATTENDS SCHOOL/WORKS IN CHRONICALLY UNSAFE ENVIRONMENT - AVOIDANCE

Do certain things remind you of “life event”?

What things?
Do you try to avoid these things/thoughts?

LIVES/ATTENDS SCHOOL/WORKS IN CHRONICALLY UNSAFE ENVIRONMENT - HYPERAROUSAL

Since “life event”, have you been more jumpy or irritable?

Have you had any trouble sleeping?

Have you been “on the alert” for bad things happening?

PARENTAL ARREST

Either of subject's parental figures is arrested.

IF MORE THAN ONE ARREST, CODE THE MOST UPSETTING.

Have either of your "parents" been arrested in the last 3 months?

What happened?
Was it for something serious?

IF PARENTAL ARREST PRESENT, COMPLETE ATtribution AND PAINFUL RECALL. OTHERWISE, SKIP TO "REDUCTION IN STANDARD OF LIVING", (PAGE 37).
Definitions and questions

PARENTAL ARREST - ATTRIBUTION

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

Which ones?
In what way?

PARENTAL ARREST - PAINFUL RECALL

*In the last 3 months have thoughts or pictures of "life event" come into your mind?*

Even when you didn't want them to?

What was that like?
Have you had any nightmares about the event?
IF PARENTAL ARREST PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "REDUCTION IN STANDARD OF LIVING", (PAGE 37).
Definitions and questions

PARENTAL ARREST - AVOIDANCE
Do certain things/thoughts remind you of "life event"?

What things?

Do you try to avoid these things/thoughts?

PARENTAL ARREST - HYPERAROUSAL
Since "life event", have you been more jumpy or irritable?

Have you had any trouble sleeping?

Have you been "on the alert" for bad things happening?

REDUCTION IN STANDARD OF LIVING
Noticeable reduction of family standard of living as evidenced by inability to pay bills, need to sell things, need to move (including moving in with relatives), going on welfare or food stamps, inadequate food, clothing, heat. May be result of changes in household status and needs such as parental separation or divorce, death, taking in additional dependents, high medical bills or loss of household income due to cutback in hours, layoff or loss of job, inability to find employment, under-employment, loss of unemployment benefits, depletion of savings, etc.

Has your family's income been less than usual in the last 3 months?

What changes have resulted?
Why have things changed?
When did the change occur?

IF "REDUCTION IN STANDARD OF LIVING" NOT PRESENT, SKIP TO "FORCED SEPARATION FROM HOME", (PAGE 40).
REDUCTION IN STANDARD OF LIVING - ATTRIBUTION

In the last 3 months, has this "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

REDUCTION IN STANDARD OF LIVING - PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into your mind?

Even when you didn't want them to?

What was that like?
Have you had any nightmares about the event?
IF REDUCTION IN STANDARD OF LIVING PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "FORCED SEPARATION FROM HOME", (PAGE 40).
Definitions and questions

**REDUCTION IN STANDARD OF LIVING-AVOIDANCE**

*Do certain things remind you of "life event"?*

What things?

*Do you try to avoid these things/thoughts?*

**REDUCTION IN STANDARD OF LIVING-HYPERAROUSAL**

*Since "life event", have you been more jumpy or irritable?*

Have you had any trouble sleeping?

Have you been "on the alert" for bad things happening?

**FORCED SEPARATION FROM HOME**

Subject has to be away from home for at least one week at a time, against his/her will. Include visits to grandparents, other relatives, friends, if necessitated by adult needs (e.g. mother in hospital) not child’s wishes. Do not include absences if accompanied by parental figures, or camp, even if subject is reluctant to go.

*In the last 3 months have you had to go and stay away from home, when s/he would rather have stayed at home?*

When was that?

Why did you have to go away?

How long were you gone?

Was a parent with you?

Or your "sibling"?

CODE NUMBER OF SEPARATIONS LASTING AT LEAST A WEEK

CODE NUMBER OF DAYS IN ALL SEPARATIONS

**IF FORCED SEPARATION FROM HOME PRESENT, COMPLETE OTHERWISE, SKIP TO "DIAGNOSIS OF PHYSICAL ILLNESS", (PAGE 44).**
Definitions and questions

**FORCED SEPARATION FROM HOME - ATTRIBUTION**

*In the last 3 months, has this affected any of the problems we've been talking about?*

Which ones?
In what way?

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**FORCED SEPARATION FROM HOME-PAINFUL RECALL**

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

*Even when you didn't want them to?*

What was that like?
Have you had any nightmares about the event?

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Coding rules

**ATTRIBUTION**

0 = Absent
2 = Present

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**PAINFUL RECALL SCREEN**

0 = Absent
2 = Present

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</table>
IF "FORCED SEPARATION FROM HOME" PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "DIAGNOSIS OF PHYSICAL ILLNESS", (PAGE 44).
FORCED SEPARATION FROM HOME-AVOIDANCE

Do certain things remind you of "life event"?

What things?
Do you try to avoid these things/thoughts?

FORCED SEPARATION FROM HOME-HYPERAROUSAL

Since "life event", have you been more jumpy or irritable?

Have you had any trouble sleeping?
Have you been "on the alert" for bad things happening?

AVOIDANCE SCREEN

CKC6102
Intensity

0 = Absent
2 = Present

HYPERAROUSAL SCREEN

CKC6103
Intensity

0 = Absent
2 = Present
GROUP B EVENTS
DIAGNOSIS OF PHYSICAL ILLNESS
Diagnosis of an illness carrying current risk of death or chronic disability (e.g. cancer, AIDS, diabetes, MS).

NB: Asthma requiring more than 24 hour hospitalization.

Have you ever gotten very sick?

Have you been in the hospital?

When did that happen?
What illness did/do you have?
When did you get better?
Are you going to get better?
Have you had it in the last 3 months?
Has it gotten worse?

IF "DIAGNOSIS OF PHYSICAL ILLNESS" NOT PRESENT, SKIP TO "ACCIDENT", (PAGE 47).
Definitions and questions

DIAGNOSIS OF PHYSICAL ILLNESS - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

Coding rules

ATRIBUTION

CKC7I99
Intensity

0 = Absent
2 = Present

ATRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
6 = Mania
7 = Physical symptoms.
8 = Food-related behavior.
9 = Hyperactivity/ADD
10 = Conduct disorder.
11 = Alcohol/drugs
12 = Psychosis
13 = Relationships with parent #1 and/or parent #2.
14 = Relationships with other parent #1 and/or other parent #2.
15 = Relationships with other adults.
16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner
Specify

PAINFUL RECALL SCREEN

CKC8I01
Intensity

0 = Absent
2 = Present

Life Events
IF DIAGNOSIS OF PHYSICAL ILLNESS PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "ACCIDENT", (PAGE 47).
Definitions and questions

DIAGNOSIS OF PHYSICAL ILLNESS - AVOIDANCE
Do certain things remind you of "life event"?
What things?
Do you try to avoid these things/thoughts?

DIAGNOSIS OF PHYSICAL ILLNESS - HYPERAROUSAL
Since "life event", have you been more jumpy or irritable?
Have you had any trouble sleeping?
Have you been "on the alert" for bad things happening?

ACCIDENT
Serious physical harm caused involuntarily by self or others (e.g. car accident, boating accident, other accident) that is life-threatening or carries risk of long-term disfigurement or disability. Code accidents involving fire under Fire.

IF ACCIDENT IN LAST 3 MONTHS OR IF RESULTS OF PREVIOUS ACCIDENT STILL POSE THREAT TO LIFE, DISFIGUREMENT, OR DISABILITY, COMPLETE ATTRIBUTION AND SCREENS. OTHERWISE SKIP TO DEATH OF LOVED ONE.

Have you ever been in a serious accident?
Or been badly hurt in an accident?
What happened?
Could you have died?
Did it change the way your body looks or works?
Are you still affected by it?

IF ACCIDENT IN LAST 3 MONTHS OR IF RESULT OF PREVIOUS ACCIDENT STILL POSE THREAT OR DISABILITY, COMPLETE. OTHERWISE, SKIP TO "PREGNANCY (GIRLS) - FIRST PREGNANCY", (PAGE 52).

Coding rules

Codes

AVOIDANCE SCREEN
0 = Absent
2 = Present

HYPERAROUSAL SCREEN
0 = Absent
2 = Present

ACCIDENT
0 = Absent
2 = Present

SERIOUS ACCIDENT: PRIMARY PERIOD
0 = Absent
2 = Present
ACCIDENT: ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

ACCIDENT-PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into your mind?

Even when you didn't want them to?

What was that like?
Have youe had any nightmares about the event?

Coding rules

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<tr>
<td>3 = Worries/anxiety.</td>
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<tr>
<td>4 = Obsessions/compulsions.</td>
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<td>5 = Depression</td>
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<td>6 = Mania</td>
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<td>7 = Physical symptoms.</td>
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<td>13 = Relationships with parent #1 and/or parent #2.</td>
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<td>14 = Relationships with other parent #1 and/or other parent #2.</td>
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<td>15 = Relationships with other adults.</td>
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<td>16 = Sibling relationships.</td>
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<tr>
<td>17 = Peer relationships.</td>
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<tr>
<td>18 = Relationships with spouse or romantic partner</td>
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PAINFUL RECALL SCREEN

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2 = Present

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<td>IF ACCIDENT PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO &quot;PREGNANCY (GIRLS) - FIRST PREGNANCY&quot;, (PAGE 52).</td>
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Life Events 50
Accident-Avoidance

Do certain things remind you of "life event"?
What things?
Do you try to avoid these things/thoughts?

Accident-Hyperarousal

Since "life event", have you been more jumpy or irritable?

Have you had any trouble sleeping?

Have you been "on the alert" for bad things happening?

If subject is female complete. Otherwise, skip to "makes someone pregnant (Boys)", (page 65).
**PREGNANCY (GIRLS) - FIRST PREGNANCY**

Subject ever pregnant.

*Have you ever been pregnant?*

- When did you find out you were pregnant?
- When did you get pregnant?
- How did you find out?
- Were you planning to get pregnant?
- Did you want to be pregnant?

**DATE OF CONCEPTION.**

---

**IF SUBJECT IS EVER PREGNANT (GIRLS), COMPLETE SECTION ON UP TO THREE PREGNANCIES. OTHERWISE, SKIP TO "DEATH OF LOVED ONE", (PAGE 78).**

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- 0 = No
- 2 = Yes

| **DATE OF AWARENESS - (GIRLS) FIRST PREGNANCY** | Ever:CKD1O12 |
|                                                 |              |

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<tr>
<td>2 = Pregnancy unplanned, wanted</td>
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<tr>
<td>3 = Pregnancy unplanned, unwanted</td>
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</table>
PREMATURE TERMINATION OF PREGNANCY (GIRLS) - FIRST PREGNANCY

Pregnancy ends for a reason other than birth (e.g., miscarriage, abortion).

*What happened when you found out you were pregnant?*

*Who decided what should happen?*
*Were your parents involved?*
*The father of the child?*

*IF ABORTION, ASK:*

*Do you feel OK about how the decision was made?*

*DATE OF TERMINATION.*

**Coding rules**

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<td>3 = Abortion</td>
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<td>0 = Subject's decision, with or without consultation with other(s).</td>
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<tr>
<td>2 = Other(s) made decision, with subject's agreement.</td>
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</tr>
<tr>
<td>3 = Other(s) made decision against subject's own wishes.</td>
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</table>
CHILDBIRTH (GIRLS) - FIRST PREGNANCY
Pregnancy ends in childbirth, or is expected to end in childbirth.

IF SUBJECT STILL PREGNANT, CODE AND SKIP TO MOST UPSETTING PREGNANCY.

Did you have the baby?
When was that?
What happened with the child?
DATE OF PLACEMENT WITH OTHERS.

PREGNANCY (GIRLS) - SECOND PREGNANCY
Subject ever pregnant.

Have you ever been pregnant?
When did you find our you were pregnant?
When did you get pregnant?
How did you find out?
Were you planning to get pregnant?
Did you want to be pregnant?

Coding rules

CHILDBIRTH
1 = Still Pregnant
2 = Stillbirth
3 = Perinatal death
4 = Live birth, mother or both kept child
5 = Live birth, father kept child
6 = Live birth, child adopted/cared for by another family member
7 = Live birth, child in foster care
8 = Live birth, child released for extra-familial adoption

DATE OF BIRTH OF CHILD

DATE OF PLACEMENT - (GIRLS) - FIRST PREGNANCY

INVOLVEMENT IN PLACEMENT DECISION
0 = Subject's decision
2 = Other(s) made decision, with subject's agreement.
3 = Other(s) made decision against subject's own wishes.

PREGNANCY
0 = No
2 = Yes

DATE OF AWARENESS - (GIRLS) - SECOND PREGNANCY

INTENTIONALITY
1 = Planned pregnancy
2 = Pregnancy unplanned, wanted
3 = Pregnancy unplanned, unwanted
IF PREGNANT A SECOND TIME, COMPLETE. OTHERWISE, SKIP TO "PREGNANCY (GIRLS) - ATTRIBUTION", (PAGE 62).
PREMATURE TERMINATION OF PREGNANCY (GIRLS) - SECOND PREGNANCY

Pregnancy ends for reason other than birth (e.g. miscarriage, abortion).

What happened when you found out you were pregnant?  
Who decided that should happen?  
Were your parents involved?  
The father of the child?  
IF ABORTION, ASK:  
Do you feel OK about how the decision was made?

Coding rules

PREMATURE TERMINATION OF PREGNANCY

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INVOLVEMENT IN ABORTION DECISION

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</tbody>
</table>
Definitions and questions

**CHILDBIRTH (GIRLS) - SECOND PREGNANCY**

Pregnancy ends in childbirth, or is expected to end in childbirth.

IF SUBJECT STILL PREGNANT, CODE AND SKIP TO MOST UPSETTING PREGNANCY.

*Did you have the baby?*

*When was that?*

*What happened with the child?*

Coding rules

**CHILDBIRTH**

1 = Still Pregnant
2 = Stillbirth
3 = Perinatal death
4 = Live birth, mother or both kept child
5 = Live birth, father kept child
6 = Live birth, child adopted/cared for by another family member
7 = Live birth, child in foster care
8 = Live birth, child released for extra-familial adoption

Codes

Ever:CKD3E21

Intensity

Ever:CKD3O21

Onset

DATE OF PLACEMENT - (GIRLS) SECOND PREGNANCY

Ever:CKD4O21

INVOLVEMENT IN PLACEMENT DECISION

0 = Subject's decision
2 = Other(s) made decision, with subject's agreement.
3 = Other(s) made decision against subject's own wishes.
Definitions and questions

PREGNANCY (GIRLS) - THIRD PREGNANCY
Subject ever pregnant.

Have you ever been pregnant?
When did you get pregnant?
How did you find out?
Were you planning to get pregnant?
Did you want to be pregnant?

IF PREGNANT THIRD TIME, COMPLETE SECTION. OTHERWISE, SKIP TO "MOST UPSETTING PREGNANCY", (PAGE 61).

Coding rules

PREGNANCY
0 = No
2 = Yes

DATE OF AWARENESS - (GIRLS) - THIRD PREGNANCY

INTENTIONALITY
1 = Planned pregnancy
2 = Pregnancy unplanned, wanted
3 = Pregnancy unplanned, unwanted

Codes

Ever:CKD1E31
Intensity
Ever:CKD1O31
Onset
Ever:CKD1O32

Ever:CKD1X31
PREMATURE TERMINATION OF PREGNANCY (GIRLS) - THIRD PREGNANCY

Pregnancy ends for reason other than birth (e.g. miscarriage, abortion).

What happened when you found out you were pregnant?

Who decided what should happen?
Were your parents involved?
The father of the child?
IF ABORTION, ASK:

Do you feel OK about how the decision was made?

Coding rules

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Miscarriage</td>
</tr>
<tr>
<td>3</td>
<td>Abortion</td>
</tr>
</tbody>
</table>

Ever:CKD2E31  
Intensity

Ever:CKD2O31  
Onset

Ever:CKD2X31  
Frequency

Ever:CKD2X32

IN VOLVEMENT IN ABORTION DECISION

0 = Subject's decision, with or without consultation with other(s).
2 = Other(s) made decision, with subject's agreement.
3 = Other(s) made decision against subject's own wishes.
CHILDBIRTH (GIRLS) THIRD PREGNANCY

Pregnancy ends in childbirth, or is expected to end in childbirth.

*Did you have the baby?*

*When was that?*

*What happened with the child?*

---

IF MORE THAN ONE PREGNANCY ASK. OTHERWISE, SKIP TO "PREGNANCY (GIRLS) - ATTRIBUTION", (PAGE 62).
Definitions and questions

MOST UPSETTING PREGNANCY

What part of the pregnancy was the most upsetting for you?

IF SUBJECT EVER PREGNANT, COMPLETE ATTRIBUTION AND PAINFUL RECALL ON THE PART OF THE PREGNANCY THAT WAS THE MOST UPSETTING TO THE SUBJECT

Codings rules

UPSETTING PART OF PREGNANCY

Ever:CKDSI01 Intensity

0 = No upsetting part
2 = Finding out girl was pregnant
3 = Miscarriage
4 = Decision to have abortion
5 = Having abortion
6 = Stillbirth or perinatal death
7 = Birth
8 = Placement decision
9 = Whole experience

Ever:CKDSO01 Onset

/ /
**PREGNANCY (GIRLS) - ATTRIBUTION**

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

*In what way?*

*Which ones?*

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PREGNANCY (GIRLS) - ATTRIBUTION</strong></td>
<td>IOT506</td>
</tr>
<tr>
<td>0 = No</td>
<td>Intensity</td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
</tbody>
</table>

**ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTION TO PROBLEM WITH:**

1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
6 = Mania
7 = Physical symptoms.
8 = Food-related behavior.
9 = Hyperactivity/ADD
10 = Conduct disorder.
11 = Alcohol/drugs
12 = Psychosis
13 = Relationships with parent #1 and/or parent #2.
14 = Relationships with other parent #1 and/or other parent #2.
15 = Relationships with other adults.
16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner

| CKD5X01 |
| CKD5X02 |
| CKD5X03 |
| CKD5X04 |
| CKD5X05 |
| CKD5X06 |
| CKD5X07 |
| CKD5X08 |
| CKD5X09 |
| CKD5X10 |
| CKD5X11 |
| CKD5X12 |
| CKD5X13 |
| CKD5X14 |
PREGNANCY (GIRLS) - PAINFUL RECALL

_In the last 3 months, has "life event" affected any of the problems we have been talking about?_

_Even when you didn’t want them to?_

_What was that like?_

_Have you had any nightmares about the event?_

_IF PREGNANCY PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "DEATH OF LOVED ONE", (PAGE 78)._
PREGNANCY (GIRLS) - AVOIDANCE

Do certain things/thoughts remind you of "life event"?

What things?
Do you try to avoid these things/thoughts?

PREGNANCY (GIRLS) - HYPERAROUSAL

Since "life event", have you been more jumpy or irritable?

Have you had trouble sleeping?

Have you been "on the alert" for bad things happening?

IF SUBJECT IS MALE COMPLETE. OTHERWISE, SKIP TO "DEATH OF LOVED ONE", (PAGE 78).

Coding rules

AVOIDANCE SCREEN

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
</tbody>
</table>

HYPERAROUSAL SCREEN

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
</tbody>
</table>
### MAKES SOMEONE PREGNANT (BOYS)

**Have you ever gotten a girl pregnant?**

- When did you find out she was pregnant?
- When did she get pregnant?
- How did you find out?
- Were you planning to get her pregnant?
- Did she want to be pregnant?

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MAKES SOMEONE PREGNANT</strong></td>
<td>Ever: CKD7E11</td>
</tr>
<tr>
<td>Intensity</td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td><strong>DATE OF AWARENESS - MAKES SOMEONE PREGNANT (BOYS)</strong></td>
<td>Ever: CKD7O11</td>
</tr>
<tr>
<td>Onset</td>
<td>/ /</td>
</tr>
<tr>
<td><strong>INTENTIONALITY</strong></td>
<td>Ever: CKD7X11</td>
</tr>
<tr>
<td>1 = Planned pregnancy</td>
<td></td>
</tr>
<tr>
<td>2 = Pregnancy unplanned, wanted</td>
<td></td>
</tr>
<tr>
<td>3 = Pregnancy unplanned, unwanted</td>
<td></td>
</tr>
</tbody>
</table>

*IF EVER PRESENT, COMPLETE SECTION ON UP TO THREE PREGNANCIES. OTHERWISE, SKIP TO "DEATH OF LOVED ONE", (PAGE 78).*
**Definitions and questions**

**PREMATURE TERMINATION OF PREGNANCY (BOYS) - FIRST PREGNANCY**

*What happened when she got pregnant?*

*Is she still pregnant?*

*Did she have the baby?*

*Who decided what should happen?*

*Were you involved in the decision?*

**IF ABORTION, ASK:**

*Do you feel OK about how the decision was made?*

**Coding rules**

**CODES:**

- Ever:CKD8E11
- Intensity
- Ever:CKD8O11
- Onset
- Ever:CKD8X11
- Frequency
- Ever:CKD8X12

**CODES:**

**EVER:**

- PKD8E11
- PREMATURE TERMINATION OF PREGNANCY
  - 0 = No
  - 2 = Miscarriage
  - 3 = Abortion

**INVolVEMENT IN ABORTION DECISION**

- Ever:CKD8X12
  - 0 = Aware an part of the decision process.
  - 2 = Informed but not involved in the decision though willing to be.
  - 3 = Not informed until after termination, or not involved.
  - 4 = Refused to be involved.
Definitions and questions

**CHILDBIRTH (BOYS) - FIRST PREGNANCY**

*Did she have the baby?*
*When was that?*
*What happened with the child?*
*Do you get to see the baby at all?*

*Do you want to?*
*How often do you see him/her?*

<table>
<thead>
<tr>
<th>Codes</th>
<th>Coding rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever:CKD9E11</td>
<td><strong>CHILDBIRTH</strong></td>
</tr>
<tr>
<td></td>
<td>1 = Still Pregnant</td>
</tr>
<tr>
<td></td>
<td>2 = Stillbirth</td>
</tr>
<tr>
<td></td>
<td>3 = Perinatal death</td>
</tr>
<tr>
<td></td>
<td>4 = Live birth, mother or both kept child</td>
</tr>
<tr>
<td></td>
<td>5 = Live birth, father kept child</td>
</tr>
<tr>
<td></td>
<td>6 = Live birth, child adopted/cared for by another family member</td>
</tr>
<tr>
<td></td>
<td>7 = Live birth, child in foster care</td>
</tr>
<tr>
<td></td>
<td>8 = Live birth, child released for extra-familial adoption</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ever:CKD9O11</th>
<th><strong>DATE OF PLACEMENT - MAKES SOMEONE PREGNANT (BOYS)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>/ /</td>
<td>/ /</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ever:CKE0I11</th>
<th><strong>CONTACT WITH CHILD</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>/ /</td>
<td>0 = Lives with and helps care for child</td>
</tr>
<tr>
<td></td>
<td>1 = Sees child at least once a week</td>
</tr>
<tr>
<td></td>
<td>2 = Sees child at least once a month</td>
</tr>
<tr>
<td></td>
<td>3 = Sees child less than once a month</td>
</tr>
<tr>
<td></td>
<td>4 = Never sees child</td>
</tr>
</tbody>
</table>
MAKES SOMEONE PREGNANT (BOYS) - SECOND PREGNANCY

Subject became aware that he has ever made a girl pregnant.

Have you ever gotten a girl pregnant?

When did he find out she was pregnant?
When did she get pregnant?
How did you find out?
Were you planning to get her pregnant?
Did she want to be pregnant?

IF PRESENT, COMPLETE SECTION ON UP TO THREE PREGNANCIES. OTHERWISE, SKIP TO "MAKES SOMEONE PREGNANT (BOYS) - ATTRIBUTION", (PAGE 75).
PREMATURE TERMINATION OF PREGNANCY (BOYS) - SECOND PREGNANCY

Pregnancy ends for reason other than birth (e.g. miscarriage abortion).

*What happened when she got pregnant?*

*Is she still pregnant?*
*Did she have the baby?*
*Who decided what should happen?*
*Were you involved in the decision?*

**IF ABORTION, ASK:**

*Do you feel OK about how the decision was made?*

---

**Coding rules**

**PREMATURE TERMINATION OF PREGNANCY**

0 = No
2 = Miscarriage
3 = Abortion

**INVOLVEMENT IN ABORTION DECISION**

0 = Aware an part of the decision process.
2 = Informed but not involved in the decision though willing to be.
3 = Not informed until after termination, or not involved.
4 = Refused to be involved.
Definitions and questions

CHILDBIRTH (BOYS) - SECOND PREGNANCY
Pregnancy ends in childbirth or is expected to end in childbirth.

Did she have the baby?
When was that?
What happened with the child?

Coding rules

CHILDBIRTH
1 = Still Pregnant
2 = Stillbirth
3 = Perinatal death
4 = Live birth, mother or both kept child
5 = Live birth, father kept child
6 = Live birth, child adopted/cared for by another family member
7 = Live birth, child in foster care
8 = Live birth, child released for extra-familial adoption

Codes

Ever: CKD9E21
Intensity

Ever: CKD9O21
Onset

DATE OF PLACEMENT

Ever: CKE0O21

CONTACT WITH CHILD
0 = Lives with and helps care for child
1 = Sees child at least once a week
2 = Sees child at least once a month
3 = Sees child less than once a month
4 = Never sees child

Ever: CKE0I21
MAKES SOMEONE PREGNANT (BOYS) - THIRD PREGNANCY

Subject became aware that he has ever made a girl pregnant.

Have you ever gotten a girl pregnant?

When did he find out she was pregnant?
When did she get pregnant?
How did you find out?
Were you planning to get her pregnant?
Did she want to be pregnant?

IF THIRD PREGNANCY PRESENT, COMPLETE SECTION. OTHERWISE, SKIP TO "MOST UPSETTING PREGNANCY (BOYS)", (PAGE 74).

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVER: MAKES SOMEONE PREGNANT</td>
<td>Ever:CKD7E31</td>
</tr>
<tr>
<td>0 = Absent</td>
<td>Intensity</td>
</tr>
<tr>
<td>2 = Present</td>
<td>Onset</td>
</tr>
<tr>
<td>DATE OF AWARENESS - THIRD PREGNANCY</td>
<td>Ever:CKD7O31</td>
</tr>
<tr>
<td>INTENTIONALITY</td>
<td>Ever:CKD7O32</td>
</tr>
<tr>
<td>0 = Planned Pregnancy</td>
<td>/ /</td>
</tr>
<tr>
<td>2 = Pregnancy unplanned, wanted</td>
<td>/ /</td>
</tr>
<tr>
<td>3 = Pregnancy unplanned, unwanted</td>
<td></td>
</tr>
</tbody>
</table>
**Definitions and questions**

**PREMATURE TERMINATION OF PREGNANCY (BOYS) - THIRD PREGNANCY**

Pregnancy ends for reason other than birth (e.g. miscarriage, abortion).

**What happened when she got pregnant?**

*Is she still pregnant?*  
*Did she have the baby?*  
*Who decided what should happen?*  
*Were you involved in the decision?*  

**IF ABORTION, ASK:**

**Do you feel OK about how the decision was made?**

**Coding rules**

**PREMATURE TERMINATION OF PREGNANCY**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Miscarriage</td>
</tr>
<tr>
<td>3</td>
<td>Abortion</td>
</tr>
</tbody>
</table>

**IN Volvement in Abortion Decision**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Aware and part of the decision process.</td>
</tr>
<tr>
<td>2</td>
<td>Informed but not involved in the decision though willing to be.</td>
</tr>
<tr>
<td>3</td>
<td>Not informed until after termination, or not involved.</td>
</tr>
<tr>
<td>4</td>
<td>Refused to be involved.</td>
</tr>
</tbody>
</table>

**Codes**

- Ever:CKD8E31  
- Intensity  
- Ever:CKD8O31  
- Onset  
- Ever:CKD8X31  
- Frequency  
- Ever:CKD8X32  
- Ever
Definitions and questions

**CHILDBIRTH (BOYS) - THIRD PREGNANCY**

Pregnancy ends in childbirth or is expected to end in childbirth.

*Did she have the baby?*
*When was that?*
*What happened with the child?*
*Do you get to see the baby at all?*

*Do you want to?*
*How often do you see him/her?*

**Coding rules**

**CHILDBIRTH**
1 = Still Pregnant
2 = Stillbirth
3 = Perinatal death
4 = Live birth, mother or both kept child
5 = Live birth, father kept child
6 = Live birth, child adopted/cared for by another family member
7 = Live birth, child in foster care
8 = Live birth, child released for extra-familial adoption

**DATE OF PLACEMENT - CHILDBIRTH (BOYS) - THIRD PREGNANCY**

**CONTACT WITH CHILD**
0 = Lives with and helps care for child
1 = Sees child at least once a week
2 = Sees child at least once a month
3 = Sees child less than once a month
4 = Never sees child

**IF MORE THAN ONE PREGNANCY, ASK MOST UPSETTING PREGNANCY (BOYS), SKIP TO "MAKES SOMEONE PREGNANT (BOYS) - ATTRIBUTION", (PAGE 75).**
MOST UPSETTING PREGNANCY (BOYS)
IF MORE THAN ONE PREGNANCY, ASK WHICH PREGNANCY WAS THE MOST UPSETTING.

What part of that pregnancy was the most upsetting for you?

Coding rules

UPSETTING PART OF PREGNANCY
0 = No upsetting part
2 = Finding out girl was pregnant
3 = Miscarriage
4 = Decision to have abortion
5 = Having abortion
6 = Stillbirth or perinatal death
7 = Birth
8 = Placement decision
9 = Whole experience

Codes
MAKES SOMEONE PREGNANT (BOYS) - ATTRIBUTION

In the last 3 months has "life event" affected anything we've talked about?

Which ones?
In what way?

MAKES SOMEONE PREGNANT (BOYS) - PAINFUL RECALL

In the last 3 months have thoughts or pictures of "life event" come into your mind?

Even when you didn't want them to?

What was that like?
Have you had any nightmares about the event?
IF MAKES SOMEONE PREGNANT PAINFULL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "DEATH OF LOVED ONE", (PAGE 78).
MAKES SOMEONE PREGNANT (BOYS) - AVOIDANCE

Do certain things/thoughts remind you of "life event"?

What things?
In what way?

MAKES SOMEONE PREGNANT (BOYS) - HYPERAROUSAL

Since "life event", have you been more jumpy or irritable?

Have you had any trouble sleeping?

Have you been "on the alert" for bad things happening?
DEATH OF LOVED ONE

Death of someone close to the subject: biological parent, other parental figure, other relative with whom subject has close ties, other adult who has played a significant role in the child's life, subject's own child, or pet.

IF MORE THAN 2 DEATHS, CODE DEATH OR PARENTAL FIGURE AND ANOTHER THAT THE SUBJECT DESCRIBES AS THE MOST UPSETTING

Has anyone close to you died?

Who was that?
What happened?
When did it happen?
What did s/he die of?

Codes

DEATH OF LOVED ONE #1: RELATIONSHIP TO SUBJECT
0 = Absent
1 = Biological parent.
2 = Step/adoptive/foster parent.
3 = Other parental figure.
4 = Grandparent
5 = Aunt or uncle.
6 = Close unrelated adult.
8 = Other close related adult.

EVER: DATE OF DEATH LOVED ONE #1

CAUSE OF DEATH - 1
1 = Physical illness.
2 = Accident
3 = Suicide
4 = Natural disaster (flood, earthquake).
5 = Fire
6 = War or terrorism.
7 = Riots or urban violence.
8 = Noxious agent.
9 = Physical violence.
10 = Physical abuse.
11 = Captivity

DEATH OF LOVED ONE #2: RELATIONSHIP TO SUBJECT
0 = Absent
1 = Biological parent.
2 = Step/adoptive/foster parent.
3 = Other parental figure.
4 = Grandparent
5 = Aunt or uncle.
6 = Close unrelated adult.
8 = Other close related adult.

EVER: DATE OF DEATH LOVED ONE #2
IF DEATH OF ADULT LOVED ONE NOT PRESENT, SKIP TO "DEATH OF SIBLING OR PEER", (PAGE 83).
DEATH OF LOVED ONE - ATTRIBUTION

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

*Which ones?*

*In what way?*

<table>
<thead>
<tr>
<th>ATTRIBUTION OF &quot;LIFE EVENT&quot; AS CONTRIBUTING TO PROBLEM WITH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = School non-attendance.</td>
</tr>
<tr>
<td>2 = Separation anxiety.</td>
</tr>
<tr>
<td>3 = Worries/anxiety.</td>
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<td>10 = Conduct disorder.</td>
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<tr>
<td>11 = Alcohol/drugs</td>
</tr>
<tr>
<td>12 = Psychosis</td>
</tr>
<tr>
<td>13 = Relationships with parent #1 and/or parent #2.</td>
</tr>
<tr>
<td>14 = Relationships with other parent #1 and/or other parent #2.</td>
</tr>
<tr>
<td>15 = Relationships with other adults.</td>
</tr>
<tr>
<td>16 = Sibling relationships.</td>
</tr>
<tr>
<td>17 = Peer relationships.</td>
</tr>
<tr>
<td>18 = Relationships with spouse or romantic partner</td>
</tr>
</tbody>
</table>

DEATH OF LOVED ONE - PAINFUL RECALL

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

*Even when you didn’t want them to?*

*What was that like?*

*Have you had any disturbing memories of the event?*

<table>
<thead>
<tr>
<th>PAINFUL RECALL SCREEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = Present</td>
</tr>
</tbody>
</table>

FOR REVIEW ONLY

5x4x56

FOR REVIEW ONLY

5x4x56
IF DEATH OF LOVED ONE PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "DEATH OF SIBLING OR PEER", (PAGE 83).
**Definitions and questions**

**DEATH OF LOVED ONE-AVOIDANCE**

*Do certain things remind you of “life event”?*

What things?

*Do you try to avoid these things/thoughts?*

**DEATH OF LOVED ONE-HYPERAROUSAL**

*Since “life event”, have you been more jumpy or irritable?*

Have you had any trouble sleeping?

*Have you been “on the alert” for bad things happening?*

**Coding rules**

**AVOIDANCE SCREEN**

CKE5102

0 = Absent

2 = Present

**HYPERAROUSAL SCREEN**

CKE1003

0 = Absent

2 = Present
DEATH OF SIBLING OR PEER
Death of subject's sibling, close friend or other peer.

IF MORE THAN 2 DEATHS, CODE THOSE THAT THE SUBJECT REPORTS AS MOST UPSETTING.

Has a friend of you ever died?
Or one of your brothers or sisters or cousins?
Who was that?
What happened?
When did it happen?
What did s/he die of?
Have you known anyone around your age who has committed suicide?
What happened?
When did it happen?

DEATH OF A CHILD
0 = Absent
1 = Biological child
2 = Adoptive child
3 = Step or foster child
4 = Cousin or other close child
5 = Non-biological child living in the home
6 = Childhood friend from school

ONSET: DEATH OF A SIBLING OR PEER #1

DEATH OF A SIBLING OR PEER: CAUSE OF DEATH
1 = Physical illness.
2 = Accident
3 = Suicide
4 = Natural disaster (flood, earthquake).
5 = Fire
6 = War or terrorism.
7 = Riots or urban violence.
8 = Noxious agent.
9 = Physical violence.
10 = Physical abuse.
11 = Captivity

DEATH OF A SIBLING OR PEER #2

DEATH OF A SIBLING OR PEER #2: CAUSE OF DEATH
1 = Physical illness.
## Definitions and questions

If death of a sibling present, complete attribution and painful recall for the most upsetting death. Otherwise, skip to "natural disaster", (Page 88).

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 = Accident</td>
<td>2 = Accident</td>
</tr>
<tr>
<td>3 = Suicide</td>
<td>3 = Suicide</td>
</tr>
<tr>
<td>4 = Natural disaster (flood, earthquake).</td>
<td>4 = Natural disaster (flood, earthquake).</td>
</tr>
<tr>
<td>5 = Fire</td>
<td>5 = Fire</td>
</tr>
<tr>
<td>6 = War or terrorism.</td>
<td>6 = War or terrorism.</td>
</tr>
<tr>
<td>7 = Riots or urban violence.</td>
<td>7 = Riots or urban violence.</td>
</tr>
<tr>
<td>8 = Noxious agent.</td>
<td>8 = Noxious agent.</td>
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<tr>
<td>9 = Physical violence.</td>
<td>9 = Physical violence.</td>
</tr>
<tr>
<td>10 = Physical abuse.</td>
<td>10 = Physical abuse.</td>
</tr>
<tr>
<td>11 = Captivity</td>
<td>11 = Captivity</td>
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</table>
DEATH OF A SIBLING OR PEER - ATTRIBUTION

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

Which ones?
In what way?

---

DEATH OF A SIBLING OR PEER - PAINFUL RECALL

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

Even when you didn’t want them to?
What was that like?
Have you had any nightmares about the event?
IF DEATH OF A SIBLING PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "NATURAL DISASTER", (PAGE 88).
Definitions and questions

DEATH OF A SIBLING OR PEER-AVOIDANCE

Do certain things remind you of “life event”?

What things?

Do you try to avoid these things/thoughts?

DEATH OF A SIBLING OR PEER-

HYPERAROUSAL

Since “life event”, have you been more jumpy or irritable?

Have you had any trouble sleeping?

Have you been “on the alert” for bad things happening?

Coding rules

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKE8102

Intensity

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKE8103

Intensity
NATURAL DISASTER
Events not caused by intentional human actions (e.g. floods, hurricanes, tornadoes) in which people actually died or were badly injured or property was extensively damaged, or there was serious risk of these outcomes.

Have you ever been in a terrible storm, tornado, or hurricane?
Or an earthquake?
Or a flood?
What happened?
How bad was it?
Were people killed?
Were you afraid that people would be killed or badly hurt?
Or that you would die or be badly hurt?
When did that happen?

IF NATURAL DISASTER PRESENT COMPLETE. OTHERWISE, SKIP TO "FIRE", (PAGE 91).
Definitions and questions

**NATURAL DISASTER - ATTRIBUTION**

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

Which ones?
In what way?

**NATURAL DISASTER: PAINFUL RECALL**

*In the last 3 months, have thoughts or pictures of "life event" come into you mind?*

Even when you didn’t want them to?

What was that like?
Have you had any nightmares about the event?

Coding rules

**ATTRIBUTION**

CKE9I99

Intensity

0 = Absent

2 = Present

**ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:**

1 = School non-attendance.

2 = Separation anxiety.

3 = Worries/anxiety.

4 = Obsessions/compulsions.

5 = Depression

6 = Mania

7 = Physical symptoms.

8 = Food-related behavior.

9 = Hyperactivity/ADD

10 = Conduct disorder.

11 = Alcohol/drugs

12 = Psychosis

13 = Relationships with parent #1 and/or parent #2.

14 = Relationships with other parent #1 and/or other parent #2.

15 = Relationships with other adults.

16 = Sibling relationships.

17 = Peer relationships.

18 = Relationships with spouse or romantic partner

Specify

**PAINFUL RECALL SCREEN**

CKF0I01

Intensity

0 = Absent

2 = Present
<table>
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<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
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<td><strong>IF NATURAL DISASTER PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO &quot;FIRE&quot;, (PAGE 91).</strong></td>
<td></td>
<td></td>
</tr>
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</table>
Definitions and questions

NATURAL DISASTER: AVOIDANCE
Do certain things remind you of “life event”?  
What things?  
Do you try to avoid these things/thoughts?

NATURAL DISASTER: HYPERAROUSAL
Since “life event”, have you been more jumpy or irritable?  
Have you had any trouble sleeping?  
Have you been “on the alert” for bad things happening?

FIRE
Fire, either accidentally or deliberately set, in which people actually died or were badly injured or property was extensively damaged, or there was serious risk of these outcomes.

Have you ever been in a terrible fire?  
What happened?  
How bad was it?  
Were people killed?  
Were you afraid that people would be killed or badly hurt?  
Or that you would die or be badly hurt?  
When did that happen?  
How do you think that the fire started?  
Was it an accident?

IF "FIRE" NOT PRESENT, SKIP TO "WAR OR TERRORISM", (PAGE 94).
FIRE - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

FIRE: PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into your mind?

Even when you didn't want them to?

What was that like?
Have you had any nightmares about the event?
IF FIRE PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "WAR OR TERRORISM", (PAGE 94).
Definitions and questions

FIRE: AVOIDANCE
Do certain things remind you of "life event"?
What things?
Do you try to avoid these things/thoughts?

FIRE: HYPERAROUSAL
Since "life event", have you been more jumpy or irritable?
Have you had any trouble sleeping?
Have you been "on the alert" for bad things happening?

WAR OR TERRORISM
Subject has lived for at least a day in an area in which civil law was disrupted (e.g. a country at war or an area in which civil war or terrorism has disrupted normal life).

Have you ever been in a war?
Or somewhere where armies or terrorists were fighting?
What happened?
When did that happen?
What did you see?
Were people killed?
Were you afraid that people would be killed?
Were you afraid that you might be hurt?
Or that you would die?
How long were you there?

IF WAR OR TERRORISM NOT PRESENT, SKIP TO "WITNESS TO EVENT THAT CAUSED, OR HAD POTENTIAL TO CAUSE, DEATH OR SEVERE INJURY", (PAGE 99).
WAR OR TERRORISM - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

ATTRIBUTION
0 = Absent
2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:
1 = School non-attendance.
2 = Separation anxiety.
3 = Worries/anxiety.
4 = Obsessions/compulsions.
5 = Depression
6 = Mania
7 = Physical symptoms.
8 = Food-related behavior.
9 = Hyperactivity/ADD
10 = Conduct disorder.
11 = Alcohol/drugs
12 = Psychosis
13 = Relationships with parent #1 and/or parent #2.
14 = Relationships with other parent #1 and/or other parent #2.
15 = Relationships with other adults.
16 = Sibling relationships.
17 = Peer relationships.
18 = Relationships with spouse or romantic partner
Specify

WAR OR TERRORISM: PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into your mind?

Even when you didn't want them to?

What was that like?
Have you had any nightmares about the event?

PAINFUL RECALL SCREEN
0 = Absent
2 = Present
IF WAR OR TERRORISM PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO “WITNESS TO EVENT THAT CAUSED, OR HAD POTENTIAL TO CAUSE, DEATH OR SEVERE INJURY”, (PAGE 99).
Definitions and questions

WAR OR TERRORISM: AVOIDANCE
Do certain things remind you of "life event"?
What things?
Do you try to avoid these things/thoughts?

WAR OR TERRORISM: HYPERAROUSAL
Since "life event", have you been more jumpy or irritable?
Have you had any trouble sleeping?
Have you been "on the alert" for bad things happening?

Coding rules

AVOIDANCE SCREEN
CKF4I02
Intensity
0 = Absent
2 = Present

HYPERAROUSAL SCREEN
CKF4I03
Intensity
0 = Absent
2 = Present
### WITNESS TO EVENT THAT CAUSED, OR HAD POTENTIAL TO CAUSE, DEATH OR SEVERE INJURY

Person saw or heard but was not the object of an event with potential for life threat or severe physical injury. Include seeing someone shot or killed, hearing someone raped or beaten in an adjacent room, seeing another person killed or severely injured in an accident.

Do not include events seen in movies or on the news.

_**Have you ever seen or heard something really terrible happen to anyone?**_

- Like someone dying?
- Or being badly hurt?
- Or being beaten up?
- What happened?

_**Have you ever seen or heard someone in your family hurting or beating up someone else in your family?**_

### Coding rules

#### WITNESS TO EVENT

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<th>Description</th>
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<tbody>
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<tr>
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<td>Present, to stranger.</td>
</tr>
<tr>
<td>3</td>
<td>Present, to acquaintance.</td>
</tr>
<tr>
<td>4</td>
<td>Present, to friend.</td>
</tr>
<tr>
<td>5</td>
<td>Present, to family member.</td>
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#### PERPETRATOR

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<tr>
<td>2</td>
<td>Unknown perpetrator.</td>
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<tr>
<td>3</td>
<td>Acquaintance</td>
</tr>
<tr>
<td>4</td>
<td>Friend</td>
</tr>
<tr>
<td>5</td>
<td>Family member.</td>
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#### Codes

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</table>
IF WITNESS TO EVENT THAT CAUSED, OR HAD POTENTIAL TO CAUSE, DEATH OR SEVERE INJURY NOT PRESENT, SKIP TO "LEARNED ABOUT EVENT POSSIBLY CAUSING SEVERE INJURY OR DEATH", (PAGE 104).
WITNESS TO EVENT-ATTRIBUTION

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

*Which ones?*
*In what way?*

**ATTRIBUTION**

<table>
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<tr>
<th>INTENSITY LEVEL</th>
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</tbody>
</table>

**ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:**

1 = School non-attendance.  
2 = Separation anxiety.  
3 = Worries/anxiety.  
4 = Obsessions/compulsions.  
5 = Depression  
6 = Mania  
7 = Physical symptoms.  
8 = Food-related behavior.  
9 = Hyperactivity/ADD  
10 = Conduct disorder.  
11 = Alcohol/drugs  
12 = Psychosis  
13 = Relationships with parent #1 and/or parent #2.  
14 = Relationships with other parent #1 and/or other parent #2.  
15 = Relationships with other adults.  
16 = Sibling relationships.  
17 = Peer relationships.  
18 = Relationships with spouse or romantic partner

Specify

WITNESS TO EVENT-PAINFUL RECALL

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

*Even when you didn’t want them to?*

*What was that like?*
*Have you had any nightmares about the event?*

**PAINFUL RECALL SCREEN**

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<thead>
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<th>INTENSITY LEVEL</th>
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</tr>
</thead>
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<td>0 = Absent</td>
<td>CKF6I01</td>
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<tr>
<td>2 = Present</td>
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</tbody>
</table>
IF WITNESS TO EVENT PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "LEARNED ABOUT EVENT POSSIBLY CAUSING SEVERE INJURY OR DEATH", (PAGE 104).
WITNESS TO EVENT-AVOIDANCE
Do certain things remind you of “life event”?
What happened?
Do you try to avoid these things/thoughts?

WITNESS TO EVENT-HYPERAROUSAL
Since "life event", have you been more jumpy or irritable?
Have you had any trouble sleeping?
Have you been “on the alert” for bad things happening?

Coding rules

AVOIDANCE SCREEN
0 = Absent
2 = Present

HYPERAROUSAL SCREEN
0 = Absent
2 = Present

Codes

CKF6I02
Intensity

CKF6I03
Intensity
Definitions and questions

**LEARNED ABOUT EVENT POSSIBLY CAUSING SEVERE INJURY OR DEATH**

Person learned about, but did not see or hear, an event with serious potential for life threat or severe physical injury to a loved one (e.g. first or second degree relative or close personal friend).

*Has someone you really care about ever had anything really terrible happen to them?*

Or been badly hurt?  
Or been beaten up?  
What happened?

---

Coding rules

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<td>4 = Present, to 1st degree relative</td>
</tr>
<tr>
<td>CKF7O01</td>
<td>2 = Present, to friend</td>
<td>3 = Present, to 2nd degree relative</td>
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<table>
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<tr>
<td>CKF7X02</td>
<td>2 = Unknown perpetrator</td>
<td>3 = Acquaintance</td>
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**IF LEARNED ABOUT EVENT POSSIBLY CAUSING SEVERE INJURY OR DEATH NOT PRESENT, SKIP TO "LEARNED ABOUT EXPOSURE TO NOXIOUS AGENT", (PAGE 108).**
LEARNED ABOUT EVENT - ATTRIBUTION

*In the last 3 months, has this affected any of the problems we've been talking about?*

Which ones?
In what way?

---

LEARNED ABOUT EVENT - PAINFUL RECALL

*In the last 3 months, have thoughts or pictures of “life event” come into your mind?*

Even when you didn’t want them to?

What was that like?
Have you had any nightmares about the event?
IF LEARNED ABOUT EVENT PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "LEARNED ABOUT EXPOSURE TO NOXIOUS AGENT", (PAGE 108).
### LEARNED ABOUT EVENT-AVOIDANCE

*Do certain things remind you of "life event"?*

**What things?**

*Do you try to avoid these things/thoughts?*

### LEARNED ABOUT EVENT-HYPERAROUSAL

*Since "life event", have you been more jumpy or irritable?*

**Have you had any trouble sleeping?**

*Have you been "on the alert" for bad things happening?*

### LEARNED ABOUT EXPOSURE TO NOXIOUS AGENT

Person learned about exposure to noxious agent such as chemicals, environmental contaminants, infectious agents such as HIV, or other poisons capable of causing death or severe physical injury. Include radiation exposure after a nuclear power plant accident or accidental ingestion of a toxic substance like pesticide. Do not include fluoridated water or common illnesses like chicken pox.

*Have you ever had contact with anything that you thought might make you sick or die?*

*Like chemicals, radiation, or other poisons?*

*Or to a disease that you could die from?*

*How did that happen?*

---

**IF LEARNED ABOUT EXPOSURE TO NOXIOUS AGENT ABSENT, SKIP TO "CAUSING DEATH OR SEVERE HARM", (PAGE 112).**

### AVOIDANCE SCREEN

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### HYPERAROUSAL SCREEN

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### EXPOSURE TO NOXIOUS AGENT

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**Ever:CKF9O01**

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<tr>
<td>2</td>
<td>Yes, exposure to chemical</td>
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<td>3</td>
<td>Yes, exposure to infectious agent</td>
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**CKF9O02**

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</table>
Definitions and questions

**LEARNED ABOUT EXPOSURE TO NOXIOUS AGENT - ATTRIBUTION**

*Which ones?*

*In what way?*

---

**LEARNED ABOUT EXPOSURE-PAINFUL RECALL**

*In the last 3 months, have thoughts or pictures of “life event” come into your mind?*

*Even when you didn’t want them to?*

*What was that like?*

*Have you had any nightmares about the event?*

---

**Coding rules**

**ATTRIBUTION OF LIFE EVENT AS CONTRIBUTING TO PROBLEM WITH:**

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<tbody>
<tr>
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<td>Separation anxiety.</td>
</tr>
<tr>
<td>CKF9X03</td>
<td>Worries/anxiety.</td>
</tr>
<tr>
<td>CKF9X04</td>
<td>Obsessions/compulsions.</td>
</tr>
<tr>
<td>CKF9X05</td>
<td>Depression</td>
</tr>
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<td>CKF9X06</td>
<td>Mania</td>
</tr>
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<td>Physical symptoms.</td>
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<td>Food-related behavior.</td>
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<td>Hyperactivity/ADD</td>
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<td>Conduct disorder.</td>
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<td>Relationships with spouse or romantic partner</td>
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**ATTRIBUTION**

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<td>Intensity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
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</tr>
</thead>
<tbody>
<tr>
<td>CKG0I01</td>
<td>Intensity</td>
</tr>
</tbody>
</table>

---

**Life Events**

109
IF LEARNED ABOUT EXPOSURE TO NOXIOUS AGENT PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "CAUSING DEATH OR SEVERE HARM", (PAGE 112).
LEARNED ABOUT EXPOSURE-AVOIDANCE

Do certain things remind you of “life event”?  
What happened?  
Do you try to avoid these things/thoughts?

LEARNED ABOUT EXPOSURE-HYPERAROUSAL

Since “life event”, have you been more jumpy or irritable?  
Have you had any trouble sleeping?  
Have you been “on the alert” for bad things happening?

AVOIDANCE SCREEN
0 = Absent  
2 = Present  

HYPERAROUSAL SCREEN
0 = Absent  
2 = Present  

FOR REVIEW ONLY
CAUSING DEATH OR SEVERE HARM
Person caused an event resulting in death or severe physical injury.

Include causing a car accident, shooting or otherwise injuring another person, i.e. starting a fire. Do not include delusional guilt over events not under subject's control.

Have you or someone you were with ever hurt another person badly?

Or caused another person to die?

What happened?
Did you mean to hurt him/her?
Was it an accident?

<table>
<thead>
<tr>
<th>CAUSING DEATH OR SEVERE HARM</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = Severe Harm</td>
</tr>
<tr>
<td>3 = Death</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERSON HURT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 = Stranger</td>
</tr>
<tr>
<td>3 = Acquaintance</td>
</tr>
<tr>
<td>4 = Friend</td>
</tr>
<tr>
<td>5 = Family member</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTENTIONALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Harm was accidental.</td>
</tr>
<tr>
<td>2 = Intended to hurt.</td>
</tr>
<tr>
<td>3 = Intended to kill.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CAUSING DEATH OR SEVERE HARM</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
</tr>
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<td>2 = Severe Harm</td>
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</tbody>
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<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
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<thead>
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</tr>
<tr>
<td>2 = Intended to hurt.</td>
</tr>
<tr>
<td>3 = Intended to kill.</td>
</tr>
</tbody>
</table>
IF CAUSING DEATH OR SEVERE INJURY NOT PRESENT, SKIP TO "VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE)", (PAGE 117).
CAUSING DEATH OR SEVERE HARM - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

---

CAUSING DEATH OR SEVERE HARM - PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into your mind?

Even when you didn’t want them to?
What was that like?
Have you had any nightmares about the event?

---

**Definitions and questions**

**Coding rules**

**Codes**

<table>
<thead>
<tr>
<th>ATTRIBUTION</th>
<th>CKG199</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>

**ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:**

| 1 = School non-attendance. | CKG1X05 |
| 2 = Separation anxiety.    | CKG1X06 |
| 3 = Worries/anxiety.       | CKG1X07 |
| 4 = Obsessions/compulsions.| CKG1X08 |
| 5 = Depression             | CKG1X09 |
| 6 = Mania                  | CKG1X10 |
| 7 = Physical symptoms.     |        |
| 8 = Food-related behavior. |        |
| 9 = Hyperactivity/ADD      |        |
| 10 = Conduct disorder.     |        |
| 11 = Alcohol/drugs         |        |
| 12 = Psychosis             |        |
| 13 = Relationships with parent #1 and/or parent #2. | |
| 14 = Relationships with other parent #1 and/or other parent #2. | |
| 15 = Relationships with other adults. | |
| 16 = Sibling relationships. |        |
| 17 = Peer relationships.   |        |
| 18 = Relationships with spouse or romantic partner | |
Specify

<table>
<thead>
<tr>
<th>PAINFUL RECALL SCREEN</th>
<th>CKG2101</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>

---

| Life Events | 114 |
IF CAUSING DEATH OR SEVERE HARM PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE)", (PAGE 117).
**CAUSING DEATH OR SEVERE HARM-AVOIDANCE**

*Do certain things remind you of "life event"?*

*What happened?*

*Do you try to avoid these things/thoughts?*

**CAUSING DEATH OR SEVERE HARM-HYPERAROUSAL**

*Since "life event", have you been more jumpy or irritable?*

*Have you had any trouble sleeping?*

*Have you been "on the alert" for bad things happening?*

### Coding rules

**AVOIDANCE SCREEN**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
</tbody>
</table>

**HYPERAROUSAL SCREEN**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
</tbody>
</table>
Definitions and questions

**VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE)**
Subject has been the victim of physical violence, with one or more people using force against the subject with potential to cause death or serious injury. Force may have been used in order to get something (e.g. mugging, robbery), or to intimidate or frighten subject, or for its own sake (assault, fight, torture). Victim may have been threatened with a weapon.

Code physical abuse by family member separately.

**Has anyone ever hit or hurt you badly?**

**Has anyone ever robbed or mugged you?**

Or beaten you up really badly?  
What happened?  
Did they threaten you with a weapon?  
Why did they do it?  
Do you know who did it?  
When was the first time?

| Life Events |
|---|---|
| **VICTIM OF PHYSICAL VIOLENCE** | **Codes** |
| 0 = Absent | Ever:CKG3E01

<table>
<thead>
<tr>
<th>2 = Some physical injury (e.g., black eye, cuts), or force with potential for such.</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 = Serious injury (e.g., broken limb, unconsciousness, hospitalization), or force with potential for such.</td>
<td>Onset</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERSON USING FORCE</th>
<th><strong>Ever:CKG3X01</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>2 = Known peer.</td>
<td></td>
</tr>
<tr>
<td>3 = Known non-familial adult.</td>
<td></td>
</tr>
<tr>
<td>4 = Unknown adult.</td>
<td></td>
</tr>
<tr>
<td>5 = Unknown peer.</td>
<td></td>
</tr>
<tr>
<td>6 = More than one person.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THREATENED WITH WEAPON</th>
<th><strong>Ever:CKG3E02</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Weapon used to threaten but not to hurt victim.</td>
<td></td>
</tr>
<tr>
<td>3 = Weapon used to threaten and injure victim.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VICTIM OF PHYSICAL VIOLENCE</th>
<th><strong>Codes</strong></th>
</tr>
</thead>
</table>
| 0 = Absent | CKG3I01

<table>
<thead>
<tr>
<th>2 = Some physical injury (e.g., black eye, cuts), or force with potential for such.</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 = Serious injury (e.g., broken limb, unconsciousness, hospitalization), or force with potential for such.</td>
<td>Onset</td>
</tr>
</tbody>
</table>
| Ever:CKG3O01

<table>
<thead>
<tr>
<th>Ever:CKG3O02</th>
<th></th>
</tr>
</thead>
</table>
IF VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE) NOT PRESENT, SKIP TO "VICTIM OF PHYSICAL ABUSE", (PAGE 122).
Definitions and questions

VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE) - ATTRIBUTION

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

Which ones?
In what way?

Coding rules

<table>
<thead>
<tr>
<th>ATTRIBUTION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
</tr>
<tr>
<td>2 = Present</td>
</tr>
</tbody>
</table>

| INTENSITY: |
| CKG3I99    |

| ATTRIBUTION: |
| 1 = School non-attendance.  |
| 2 = Separation anxiety.    |
| 3 = Worries/anxiety.       |
| 4 = Obsessions/compulsions.|
| 5 = Depression             |
| 6 = Mania                  |
| 7 = Physical symptoms.     |
| 8 = Food-related behavior. |
| 9 = Hyperactivity/ADD      |
| 10 = Conduct disorder.     |
| 11 = Alcohol/drugs         |
| 12 = Psychosis             |
| 13 = Relationships with parent #1 and/or parent #2. |
| 14 = Relationships with other parent #1 and/or other parent #2. |
| 15 = Relationships with other adults. |
| 16 = Sibling relationships.|
| 17 = Peer relationships.   |
| 18 = Relationships with spouse or romantic partner |

Specify

PAINFUL RECALL SCREEN

| INTENSITY: |
| CKG4I01    |

| 0 = Absent |
| 2 = Present |

Life Events 119
IF PHYSICAL VIOLENCE (NOT ABUSE) PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "VICTIM OF PHYSICAL ABUSE", (PAGE 122).
Definitions and questions

**VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE)-AVOIDANCE**

*Do certain things remind you of "life event"?*

*What things?*

*Do you try to avoid these things/thoughts?*

**VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE)-HYPERAROUSAL**

*Since "life event", have you been more jumpy or irritable?*

*Have you had any trouble sleeping?*

*Have you been "on the alert" for bad things happening?*

---

**Coding rules**

**AVOIDANCE SCREEN**

0 = Absent

2 = Present

**HYPERAROUSAL SCREEN**

0 = Absent

2 = Present
Definitions and questions

VICTIM OF PHYSICAL ABUSE
Subject has been the victim of physical abuse by a member of the family.

*Has anyone in your family ever hit or hurt you badly?*

Or beaten you up really badly?

What happened?

*Did they threaten you with a weapon?*

*Why did they do it?*

<table>
<thead>
<tr>
<th>Codes</th>
<th>Codes</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever:CKG5E01</td>
<td>Intensity</td>
<td>Ever:CKG5O01</td>
</tr>
</tbody>
</table>

PERSON USING FORCE

1 = Parent #1
2 = Parent #2
3 = Other Parent #1
4 = Other Parent #2
5 = Grandparent (including step grandparent).
6 = Other adult family member.
7 = Sibling in the home.
8 = Sibling not in the home.
9 = Babysitter/Daycare provider.
10 = Unrelated child (peer) living in the home
11 = Other
12 = Spouse or Romantic Partner

Specify

<table>
<thead>
<tr>
<th>Codes</th>
<th>Codes</th>
<th>Codes</th>
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<td>Frequency</td>
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</tr>
<tr>
<td>CKG5I01</td>
<td>Intensity</td>
<td>CKG5I01</td>
</tr>
</tbody>
</table>
Definitions and questions

Coding rules

cuts), or force with potential for such.

3 = Serious injury (e.g., broken limb, unconsciousness, hospitalization), or force with potential for such.

Codes

CKG5O02
Onset

/ /

PERSON USING FORCE

1 = Parent #1
2 = Parent #2
3 = Other Parent #1
4 = Other Parent #2
5 = Grandparent (including step grandparent).
6 = Other adult family member.
7 = Sibling in the home.
8 = Sibling not in the home.
9 = Babysitter/Daycare provider.
10 = Unrelated child (peer) living in the home
11 = Other
12 = Spouse or Romantic Partner

CKG5F01
Frequency

CKG5I02

THREATENED WITH WEAPON

0 = Absent
2 = Weapon used to threaten but not to hurt victim.
3 = Weapon used to threaten and injure victim.

IF SUBJECT NOT A VICTIM OF PHYSICAL ABUSE, SKIP TO "CAPTIVITY", (PAGE 128).
SEEKING HELP (PHYSICAL ABUSE)

Three forms of supportive response are coded: listening, which could provide social support and emotional relief; personal intervention, which is personally attempting to prevent the reoccurrence of the situation; or intervention involving a professional agency, which might be phoning the police, contacting appropriate services, referring the subject to such services, or removing the subject from what s/he experiences as an unsafe environment. Unsupportive responses include unwillingness to listen, reluctance to get involved, denial of the truth of the story, and threatening the subject if anyone else ever told.

Did you ever tell anyone about these things?

Someone you age?
A family member?
An adult outside your family?
Did s/he help?

What happened?
What did s/he do?
Did you feel s/he/they could have done more?

SEEKING HELP (PHYSICAL ABUSE)

0 = Absent
2 = Present

SUPPORTIVE RESPONSE

2 = Listening
3 = Personal intervention.
4 = Intervention involving professional agency.

SUPPORTIVE RESPONSE

2 = Listening
3 = Personal intervention.
4 = Intervention involving professional agency.

UNSUPPORTIVE RESPONSE

2 = Unwillingness to listen.
3 = Reluctance to get involved.
4 = Denial of truth of story.
5 = Threaten subject if ever tell anyone.

UNSUPPORTIVE RESPONSE

2 = Unwillingness to listen.
3 = Reluctance to get involved.
4 = Denial of truth of story.
5 = Threaten subject if ever tell anyone.

UNSUPPORTIVE RESPONSE

2 = Unwillingness to listen.
3 = Reluctance to get involved.
4 = Denial of truth of story.
5 = Threaten subject if ever tell anyone.
VICTIM OF PHYSICAL ABUSE - ATTRIBUTION

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

Which ones?
*In what way?*

VICTIM OF PHYSICAL ABUSE - PAINFUL RECALL

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

Even when you didn't want them to?

What was that like?
Have you had any disturbing memories of the event?
IF SEEKING HELP (PHYSICAL ABUSE) PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "CAPTIVITY", (PAGE 128).
Definitions and questions

VICTIM OF PHYSICAL ABUSE-AVOIDANCE

*Do certain things/thoughts remind you of "life event"?*

*What things?*
*Do you try to avoid these things/thoughts?*

VICTIM OF PHYSICAL ABUSE-HYPERAROUSAL

*Since "life event", have you been more jumpy or irritable?*

*Have you had any trouble sleeping?*

*Have you been "on the alert" for bad things happening?*

Coding rules

**AVOIDANCE SCREEN**

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>CKG7I02</td>
</tr>
<tr>
<td>2 = Present</td>
<td>CKG7I02</td>
</tr>
</tbody>
</table>

**HYPERAROUSAL SCREEN**

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>CKG7I03</td>
</tr>
<tr>
<td>2 = Present</td>
<td>CKG7I03</td>
</tr>
</tbody>
</table>


**CAPTIVITY**

Being held against one's will (usually by someone older) under circumstances with potential for death, severe physical injury, sexual or physical assault. Include being kidnapped or held hostage. Do not include grounding, time outs, or being required to stay with a non-desired person or in a non-desired setting such as day care, camp, a hospital, or prison.

**Have you ever been kidnapped?**

**Or taken as a hostage?**

**Have you ever been locked up against your will?**

What happened?
Who did it?
How did they treat you?
What did they want you to do?
How did they make you do what they wanted?
How did you feel at the time?

---

**IF CAPTIVITY NOT PRESENT, SKIP TO "SEXUAL ABUSE OR RAPE", (PAGE 132).**
CAPTIVITY - ATTRIBUTION

In the last 3 months, has "life event" affected any of the problems we have been talking about?

Which ones?
In what way?

CAPTIVITY-PAINFUL RECALL

In the last 3 months, have thoughts or pictures of "life event" come into your mind?

Even when you didn't want them to?

What was that like?
Have you had any nightmares about the event?
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IF CAPTIVITY PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO &quot;SEXUAL ABUSE OR RAPE&quot;, (PAGE 132).</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

CAPTIVITY-AVOIDANCE

Do certain things remind you of “life event”?

What things?
Do you try to avoid these things/thoughts?

CAPTIVITY-HYPERAROUSAL

Since “life event”, have you been more jumpy or irritable?

Have you had any trouble sleeping?

Have you been “on the alert” for bad things happening?

Coding rules

AVOIDANCE SCREEN

CKG9I02
Intensity

0 = Absent
2 = Present

HYPERAROUSAL SCREEN

CKG9I03
Intensity

0 = Absent
2 = Present
SEXUAL ABUSE OR RAPE

Sexual abuse episode(s) in which a person, termed a perpetrator, involves a child or adolescent in activities for the purpose of the perpetrator's own sexual gratification. These activities can include kissing (that makes a person uncomfortable), genital fondling (over or under clothing), oral-genital or oral-anal contact, genital or anal intercourse, or use of instruments. Sexual abuse does not include medical exams or mutually desired sexual relations with a peer.

Rape is a sudden unexpected (usually isolated) event involving non-consensual sexual intercourse.

Has anyone ever touched you in places where they shouldn't?

Has anyone ever touched you in ways that made you feel funny?

Or seemed wrong to you?

Has anyone ever made you touch them in ways that made you feel uncomfortable?

What happened?
Who was involved?
How did you feel about it?
Were you upset?
When did it first happen?
How many times has it happened?
Has it happened in the last 3 months?

How about in the last 3 months?
Definitions and questions

**LAST 3 MONTHS: ONSET OF RAPE**

**PERPETRATOR**
2 = Perpetrator is stranger
3 = Perpetrator is known individual
Specify

Codes

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CKH0004</td>
<td>LAST 3 MONTHS: ONSET OF RAPE</td>
</tr>
<tr>
<td>Ever:CKH0X01</td>
<td>Perpetrator is stranger</td>
</tr>
<tr>
<td>Ever:CKH0X02</td>
<td>Perpetrator is known individual</td>
</tr>
<tr>
<td>Ever:CKH0X03</td>
<td>Specify</td>
</tr>
</tbody>
</table>

IF NO EVIDENCE OF POSSIBLE SEXUAL ABUSE, SKIP TO "OTHER EVENT", (PAGE 138).
COERCION (SEXUAL ABUSE)
Use of threat of violence to constrain victim.

Did the person ever threaten to hurt you or get you in trouble if you didn’t do what s/he/they wanted?

Or if you told someone?

Did s/he/they actually hurt you?

Did you get any cuts, bruises, or marks?

Coding rules

COERCION

0 = Absent

2 = Low coercion: little threat of severe injury or death, but use of criticism, rewards, punishment or loss of privileges to constrain victim.

3 = Moderate coercion: threats (of death or severe physical injury to victim or another person) but not actual use of force.

4 = High coercion: use of force involving threat or death or severe physical injury to victim or another person.

Codes

Ever: CKH2E01

Intensity

CKH2I01

Intensity
SEEKING HELP (SEXUAL ABUSE)

Three forms of supportive response to requests for help are coded: listening, which could provide social support and emotional relief; personal intervention, which is personally attempting to prevent the reoccurrence of the situation; or intervention involving a professional agency, which might be phoning the police, contacting appropriate services, referring the subject to such services, or removing the subject from what s/he experiences as an unsafe environment. Unsupportive responses include unwillingness to listen, reluctance to get involved, denial of the truth of the story, and threatening the child if anyone else ever told.

Did you ever tell anyone about these things?
Did you tell someone you age?
A family member?
Did s/he help?
What happened?
What did s/he do?
Did you feel s/he/they could have done more?
What did s/he do?
An adult outside your family?
Did you feel s/he/they could have done more
What happened?
Did s/he help?

<table>
<thead>
<tr>
<th>Codes</th>
<th>Ever:CKH3X01</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Listening</td>
</tr>
<tr>
<td>3</td>
<td>Personal intervention</td>
</tr>
<tr>
<td>4</td>
<td>Intervention involving professional agency</td>
</tr>
<tr>
<td>Ever:CKH3X02</td>
<td></td>
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<tr>
<td>Ever:CKH3X03</td>
<td></td>
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<tr>
<td>Ever:CKH4X03</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Unwillingness to listen</td>
</tr>
<tr>
<td>3</td>
<td>Reluctance to get involved</td>
</tr>
<tr>
<td>4</td>
<td>Denial of truth of story</td>
</tr>
<tr>
<td>5</td>
<td>Threaten subject if ever tell anyone</td>
</tr>
<tr>
<td>2</td>
<td>Unwillingness to listen</td>
</tr>
<tr>
<td>3</td>
<td>Reluctance to get involved</td>
</tr>
<tr>
<td>4</td>
<td>Denial of truth of story</td>
</tr>
<tr>
<td>5</td>
<td>Threaten subject if ever tell anyone</td>
</tr>
<tr>
<td>2</td>
<td>Unwillingness to listen</td>
</tr>
<tr>
<td>3</td>
<td>Reluctance to get involved</td>
</tr>
<tr>
<td>4</td>
<td>Denial of truth of story</td>
</tr>
<tr>
<td>5</td>
<td>Threaten subject if ever tell anyone</td>
</tr>
</tbody>
</table>
SEXUAL ABUSE: ATTRIBUTION

*In the last 3 months, has this affected any of the problems we've been talking about?*

*Which ones?*

*In what way?*

SEXUAL ABUSE OR RAPE-PAINFUL RECALL

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

*Even when you didn't want them to?*

*What was that like?*

*Have you had any nightmares about the event?*

IF SEXUAL ABUSE OR RAPE PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "OTHER EVENT", (PAGE 138).
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Definitions and questions

**SEXUAL ABUSE OR RAPE-AVOIDANCE**

*Do certain things remind you of "life event"?*

- What things?
- *Do you try to avoid these things/thoughts?*

**SEXUAL ABUSE OR RAPE-HYPERAROUSAL**

*Since "life event", have you been more jumpy or irritable?*

- Have you had any trouble sleeping?
- *Have you been "on the alert" for bad things happening?*

**OTHER EVENT**

Other event that has made subject feel really terrible, upset, frightened, or shook up.

- *Has anything else really bad happened to you?*
- *Or made you feel really terrible?*
- *Or really upset or frightened you?*
  
  - What happened?
  - When was that?
  
  - How many times have you had upsetting things like that happen?
  
  - Has anything like that happened in the last 3 months?

### Coding rules

#### AVOIDANCE SCREEN

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CKH5I02</td>
<td>Intensity</td>
<td>0 = Absent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = Present</td>
</tr>
</tbody>
</table>

#### HYPERAROUSAL SCREEN

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CKH5I03</td>
<td>Intensity</td>
<td>0 = Absent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = Present</td>
</tr>
</tbody>
</table>

#### OTHER EVENT

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever: CKH6E01</td>
<td>Intensity</td>
<td>0 = Absent</td>
</tr>
<tr>
<td>Ever: CKH6V01</td>
<td>Frequency</td>
<td></td>
</tr>
<tr>
<td>Ever: CKH6O01</td>
<td>Onset</td>
<td></td>
</tr>
<tr>
<td>CKH6I01</td>
<td>Intensity</td>
<td>0 = Absent</td>
</tr>
<tr>
<td>CKH6F01</td>
<td>Frequency</td>
<td></td>
</tr>
<tr>
<td>CKH6O02</td>
<td>Onset</td>
<td></td>
</tr>
</tbody>
</table>
IF OTHER EVENT NOT PRESENT, SKIP TO "ACTIVE RECALL", (PAGE 10).
OTHER EVENT - ATTRIBUTION

*In the last 3 months, has "life event" affected any of the problems we have been talking about?*

*Which ones?*
*In what way?*

OTHER EVENT - PAINFUL RECALL

*In the last 3 months, have thoughts or pictures of "life event" come into your mind?*

*Even when you didn’t want them to?*

*What was that like?*
*Have you had any nightmares about the event?*
IF OTHER PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "ACTIVE RECALL", (PAGE 10).
OTHER EVENT-AVOIDANCE

Do certain things remind you of “life event”?

What things?
Do you try to avoid these things/thoughts?

OTHER EVENT-HYPERAROUSAL

Since “life event”, have you been more jumpy or irritable?

Have you had any trouble sleeping?
Have you been “on the alert” for bad things happening?

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
</table>
| AVOIDANCE SCREEN | CKH7102
| 0 = Absent | Intensity |
| 2 = Present | |
| HYPERAROUSAL SCREEN | CKH7103 |
| 0 = Absent | Intensity |
| 2 = Present | |
POST TRAUMATIC STRESS - A SCREEN FOR LIFE EVENT IN LAST 3 MONTHS

Mark "Present" if any Life Event in last 3 months had a positive screen.

INTERVIEWER NOTE: Was there a Life Event in the last 3 months with a positive screen?

IF LIFE EVENT IN LAST 3 MONTHS ABSENT, SKIP TO "ACTIVE RECALL", (PAGE 10).
ACUTE RESPONSES TO TRAUMATIC EVENT

Acute emotional responses to the event when it occurred.

Now I would like to ask you about feelings you may have had when the “life event” occurred.

Were you surprised by what happened?

Did you feel helpless?
Like you couldn’t do anything to make it better?

Did you feel like it wasn’t really happening?
Like it was only a story, not the real thing?

Were you afraid or scared?

Were you worried that you weren’t safe?
Or that you might die?

Did you get angry?
Did you feel nothing at all?
Like you couldn’t feel anything?
Or didn’t want to feel anything?

Were you grossed out or disgusted by what happened?

Did you feel out of control?
That you might not be able to control your feelings?

Did you feel sad?

Did you feel confused?
Like you couldn’t understand what was happening?
Like it didn’t make any sense?

Did you feel out of touch with yourself?
Or cut off from yourself?
As if you were in a dream?
As if “event” wasn’t happening to you?

Did you feel guilty?
Like it was your fault?

Did you feel like someone you trusted had tricked you?

Did you feel embarrassed by what was happening?
Or ashamed?

ACUTE SOMATIC RESPONSES
Physical responses to the life event when it occurred.

When “life event” occurred, did it affect you physically at all?
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Did you get dizzy or giddy or faint?</strong></td>
<td><strong>DIZZINESS/FAINTNESS</strong></td>
<td>CLA2X01</td>
</tr>
<tr>
<td><strong>Did you get a dry mouth?</strong></td>
<td><strong>DRY MOUTH</strong></td>
<td>CLA2X02</td>
</tr>
<tr>
<td><strong>Did it affect your breathing?</strong></td>
<td><strong>CHOKING/SMOTHERING</strong></td>
<td>CLA2X03</td>
</tr>
<tr>
<td><strong>How?</strong></td>
<td><strong>DIFFICULTY BREATHING</strong></td>
<td>CLA2X04</td>
</tr>
<tr>
<td></td>
<td><strong>RAPID BREATHING</strong></td>
<td>CLA2X05</td>
</tr>
<tr>
<td><strong>Did it affect your heart?</strong></td>
<td><strong>PALPITATIONS</strong></td>
<td>CLA2X06</td>
</tr>
<tr>
<td><strong>Did you get a pain in your chest?</strong></td>
<td><strong>TIGHTNESS OR PAIN IN CHEST</strong></td>
<td>CLA2X07</td>
</tr>
<tr>
<td><strong>Did you get sweaty?</strong></td>
<td><strong>SWEATING</strong></td>
<td>CLA2X08</td>
</tr>
<tr>
<td><strong>Or feel sick?</strong></td>
<td><strong>NAUSEA</strong></td>
<td>CLA2X09</td>
</tr>
<tr>
<td><strong>Did you have to go to the bathroom?</strong></td>
<td><strong>URINATING FREQUENTLY</strong></td>
<td>CLA2X10</td>
</tr>
<tr>
<td><strong>Did it affect your stomach?</strong></td>
<td><strong>BUTTERFLIES IN THE STOMACH</strong></td>
<td>CLA2X11</td>
</tr>
<tr>
<td><strong>Did you get diarrhea?</strong></td>
<td><strong>DIARRHEA</strong></td>
<td>CLA2X12</td>
</tr>
</tbody>
</table>
**Definitions and questions**

<table>
<thead>
<tr>
<th>Question</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Did you get shaky?</strong></td>
<td>TREMBLING/SHAKING</td>
<td>CLA2X13</td>
</tr>
<tr>
<td></td>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>Did your muscles get sore?</strong></td>
<td>MUSCLE SORENESS</td>
<td>CLA2X14</td>
</tr>
<tr>
<td></td>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>Did you get flushed?</strong></td>
<td>FLUSHING</td>
<td>CLA2X15</td>
</tr>
<tr>
<td></td>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>Or pale?</strong></td>
<td>PALLOR</td>
<td>CLA2X16</td>
</tr>
<tr>
<td></td>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>Did you have funny feelings in your fingers or toes?</strong></td>
<td>PARAESTHESIAE</td>
<td>CLA2X17</td>
</tr>
<tr>
<td></td>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>Did you get a lump in your throat?</strong></td>
<td>LUMP IN THE THROAT</td>
<td>CLA2X18</td>
</tr>
<tr>
<td></td>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>Did your abdomen churn?</strong></td>
<td>ABDOMINAL CHurning</td>
<td>CLA2X19</td>
</tr>
<tr>
<td></td>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Present</td>
<td></td>
</tr>
<tr>
<td><strong>INTERVENTION FANTASIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the event, subject imagines doing something extraordinary to stop the event.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>During “life event”, did you imagine or wish that you could do something superhuman to get you or someone else out of danger?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>What did you imagine?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>What happened?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>INTERVENTION FANTASIES</td>
<td>CLA3X01</td>
</tr>
<tr>
<td></td>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = Present during event and realized.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 = Present during event but unrealized.</td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

RESCUE FANTASIES DURING EVENT
During the event, subject imagines being rescued.

*During "life event" did you imagine or wish that "person at risk" would be rescued?*

What did you imagine?
What happened?

REVENGE FANTASIES
During the event, subject imagines something that punishes the "cause" of the trauma.

*During "life event", did you imagine or wish that you could get revenge or punish "the cause of the trauma"?*

Or that someone else or something would get revenge?
What did you imagine?
What happened?

Coding rules

<table>
<thead>
<tr>
<th>RESCUE FANTASIES DURING EVENT</th>
<th>CLA3X02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensity</td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present during event and realized.</td>
<td></td>
</tr>
<tr>
<td>3 = Present during event but unrealized.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REVENGE FANTASIES</th>
<th>CLA3X03</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensity</td>
<td></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present during event and realized.</td>
<td></td>
</tr>
<tr>
<td>3 = Present during event but unrealized.</td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

COGNITIVE INTRUSIONS

PAINFUL RECALL OF LIFE EVENT
Unwanted, painful and distressing recollections, memories, thoughts, or images of life event.

In the last 3 months have upsetting memories or pictures in your mind of "life event" come back to you?

EXTERNALLY CUED PAINFUL RECALL
Painful recall occurring in response to external cues or stimuli, such as particular sights, sounds, smells or situations.

Do any things or places remind you of "life event"?
What about sounds or things you see?
When that happens does it bring back unpleasant memories of "life event"?

Coding rules

PAINFUL RECALL OF LIFE EVENT
CLA4XYZ 00
Intensity
0 = Absent
2 = Present

EXTERNALLY CUED PAINFUL RECALL
CLA4I01
Intensity
0 = Externally cued painful recall absent.
2 = Painful recall is intrusive into at least two activities and uncontrollable at least some of the time.
3 = Painful recall is intrusive into most activities and nearly always uncontrollable.

CLA4F01
Frequency

CLA4D01
Duration

CLA4OO1

ONSET: EXTERNALLY CUED PAINFUL RECALL

/ /
**PAINFUL RECALL OF LIFE EVENT - AVOIDANCE**

Unwanted, painful and distressing recollections, memories, thoughts, or images of "life event" occurring in response to external cues or stimuli, such as particular sights, sounds, smells or situations.

**Do you try to avoid any things or places that might remind you of "life event"?**

**Do you notice any physical effects when you remember "life event"?**

- Like your heart racing?
- Or being short of breath?
- Or feeling shaky or sick to your stomach?
- What do you notice?
- Do you get panicky?

**Would other people notice when you are remembering "life event"?**

- What do they see?

**When you remember event, what do you do to feel better?**

- Do you try to think about other things or do things you like to do to take your mind off of it?
- Do you talk to you or someone else and ask them for help?
- Do you have a routine of things you can think about or do to feel better?

**Coding rules**

<table>
<thead>
<tr>
<th>Avoidance</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>CLA5I01 Intensity</td>
</tr>
<tr>
<td>2 = Avoids situations that might provoke painful recall at least sometimes, but not to a degree that prevents a normal lifestyle.</td>
<td></td>
</tr>
<tr>
<td>3 = Avoidance leads to disruption of normal life and activities and results in a highly restricted lifestyle.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Normal Suppression</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>CLA6I01</td>
</tr>
<tr>
<td>2 = Uses normal thoughts or normal activities in attempt to reduce painful recall.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Obsessional Suppression</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>CLA6I02</td>
</tr>
<tr>
<td>2 = Uses obsessional thoughts or obsessional rituals in attempt to reduce painful recall.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Compulsive Suppression</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>CLA6I03</td>
</tr>
<tr>
<td>2 = Uses compulsive behaviors in attempt to reduce painful recall.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Autonomic Effects</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>CLA7I01</td>
</tr>
<tr>
<td>2 = Notices autonomic changes in response to painful recall, but these do not amount to panic attacks</td>
<td></td>
</tr>
<tr>
<td>3 = Panic attacks in response to painful recall</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Noticeable to Others</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No</td>
<td>CLA7I02</td>
</tr>
<tr>
<td>2 = Child reports others notice changes (anxiety, daydreaming, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

---

**Notes:**

- For review only.
PAINFUL RECALL NOT EXTERNALLY CUED
Recollections not cued by external cues or stimuli.

May be internally cued responses, occurring in response to emotional states, feelings, particular thoughts, autonomic symptoms, bodily sensations, or any other internal cue or stimulus. If internal cues are a response to external stimulus, code as Externally Cued Recollections.

Recollections also may occur without apparent relationship to either external or internal cues or stimuli.

In the last three months have any feelings or emotions reminded you of "life event"?

Have any physical feelings or changes in your body reminded you of it?

When that happens, does it bring back unpleasant memories of "life event"?
What are they like?
How often does that happen?
How long does it last?

When that happens, do you try not to have those "feelings", so you won’t be reminded of "life event"?

Do you do anything so as not to have those "feelings" that remind you of "life event"?
Do you try not to think about life event?
Do you do anything to stop yourself thinking about it?
Can you stop thinking about it?
What do you do?

Would other people notice when you are remembering "life event"?

What would they see?

When you "think about life event", do you notice any physical effects?

What do you notice?
Do you get panicky?

---

<table>
<thead>
<tr>
<th>Codes</th>
<th>Intensity</th>
<th>Frequency</th>
<th>Duration</th>
<th>Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLA8I01</td>
<td>0 = Absent</td>
<td>2 = Painful recall is intrusive into at least two activities and uncontrollable at least some of the time.</td>
<td>3 = Painful recall is intrusive into most activities and nearly always uncontrollable.</td>
<td></td>
</tr>
<tr>
<td>CLA8F01</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLA8D01</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLA8O01</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NORMAL SUPPRESSION
0 = Absent
2 = Uses normal thoughts or normal activities in attempt to reduce painful recall.

OBSESSITIONAL SUPPRESSION
0 = Absent
2 = Uses obsessional thoughts or obsessional rituals in attempt to reduce painful recall.

COMPULSIVE SUPPRESSION
0 = Absent
2 = Uses compulsive behaviors in attempt to reduce painful recall.

PAINFUL RECALL NOTICABLE TO OTHERS
0 = No
2 = Child reports others notice changes (anxiety, daydreaming, etc.).

AUTONOMIC EFFECTS
0 = Absent
2 = Notices autonomic changes in response to painful recall, but these do not amount to panic attacks.
3 = Panic attacks in response to painful reminder.
ACTIVE RECALL
Intentional recall of event.

Do you ever think about "life event" on purpose?
Have you in the last three months?
When you do so, how do you feel?
Are the feelings painful for you?
Do you get worried?
Or sad?
Or angry?
Or feel guilty?
Do you feel better able to cope with what happened?

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLB1D01</td>
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</tr>
<tr>
<td>CLB1I01</td>
<td>Intensity</td>
</tr>
<tr>
<td>CLB1F01</td>
<td>Frequency</td>
</tr>
<tr>
<td>CLB1O01</td>
<td>Onset</td>
</tr>
<tr>
<td>CLB2I01</td>
<td>Worry</td>
</tr>
<tr>
<td>CLB2I02</td>
<td>Sadness</td>
</tr>
<tr>
<td>CLB2I03</td>
<td>Anger</td>
</tr>
<tr>
<td>CLB2I04</td>
<td>Guilt</td>
</tr>
<tr>
<td>CLB2I05</td>
<td>Sense of Mastery</td>
</tr>
</tbody>
</table>
FAILURES OF RECALL
Inability to recall important aspects of the "life event", such as the names and faces of participants, or parts of the chronology of the event.

Do not include deliberate attempts not to recall the event.

Do you have difficulty remembering some things about "life event"?

What things are hard to remember?
Is that because you don't want to remember them, or that you just can't?
How much can you remember?
Are those memories real clear?
Has it happened in the last three months?

FAILURES OF RECALL
0 = No failure of recall.
1 = Some difficulty recalling certain aspects of the event that can usually be overcome by concentrated attempt to remember.
2 = At least some aspects of the event cannot be recalled, even with effort.
3 = Most or all details of the event cannot be recalled.

Intensity

Onset / /
RELIVING OF LIFE EVENT

Behaving or feeling as though the "life event" were recurring. The experience may involve a sense of reliving the event, illusory or hallucinatory phenomena, or "flashbacks". Flashbacks involve hallucinatory phenomena of sufficient intensity to impair perception of the real world to a substantial degree.

Include panic attacks where the mental content of the panic episode is related to the "life event".

Include such phenomena even if they occurred at times of intoxication with alcohol or drugs or during sleep cycle.

CODE NIGHTMARES IN ITEMS THAT FOLLOW.

In the last 3 months, have you felt as though the "life event" was happening to you again, even when it wasn't?

What was that like?
What did you do?
How long did it last?
How often did it happen?
How real did it seem?
Did you feel as though you were really there, and that it was really happening again?
When it was happening were you aware of what was really going on around you and where you really were?
Did the memory of "life event" seem more real than your actual surroundings?
Did this happen when you were falling asleep?
Or waking up?
Do you ever wake up in the middle of the night feeling this way?

ASSOCIATED PANIC
0 = No associated panic attacks.
2 = With panic attacks.

HYPNOGOGIC (ON FALLING ASLEEP)
0 = Absent
2 = Present

HYPNOPOMPIC (ON WAKING)
0 = Absent
2 = Present

NOCTURNAL
0 = Absent
2 = Present

DAYLIGHT (WHEN UP AND ABOUT)
0 = Absent
2 = Present

RELIVING OF LIFE EVENT

CLB3I01
Intensity
0 = Absent
2 = Able to report sensory phenomena associated with "life event", but still aware of real surroundings to at least some extent.
3 = No, or almost no, awareness of real surroundings (flashback).

CLB3F01
Frequency

CLB3D01
Duration

CLB3O01
Onset

/ /
NIGHTMARES
Frightening dreams that waken subject, with content related to the "life event" (either about "life event" or reminding subject of it). Unpleasant affect apparent when wakening, which may be followed rapidly by feelings of relief.

In the last 3 months, have you had any nightmares or bad dreams about "life event"?

Or nightmares or bad dreams that aren't about it but remind you of it?

Tell me about them.

Do they wake you up?

How often do they happen?
When you wake up, do you notice any physical effects?
When you wake up are you panicky?
Is it hard for you to get back to sleep afterwards?
What do you do?

Does fear of these dreams make it hard for you to get to sleep?

Do you have trouble sleeping alone?

\[
\begin{array}{|c|c|}
\hline
\text{NIGHTMARES} & \text{CLB4I01} \\
0 = \text{Absent} & \text{Intensity} \\
2 = \text{Present} & \\
\hline
\text{AUTONOMIC EFFECTS} & \text{CLB4I02} \\
0 = \text{Absent} & \\
2 = \text{Notices autonomic changes in response to nightmares.} & \\
3 = \text{Has panic attack in response to nightmares.} & \\
\hline
\text{REASSURANCE} & \text{CLB4I03} \\
0 = \text{Absent} & \\
2 = \text{Upon waking from nightmare, seeks time limited reassurance or contact.} & \\
3 = \text{Upon waking, seeks extended reassurance or contact (e.g. won't go back to bed, conflict arises over need for reassurance).} & \\
\hline
\text{ANTICIPATORY REASSURANCE} & \text{CLB4I04} \\
0 = \text{Absent} & \\
2 = \text{At bedtime, seeks time limited reassurance or contact (e.g. extended bedtime ritual).} & \\
3 = \text{Seeks extended reassurance or contact (e.g. won't go to bed, conflict arises over need for reassurance).} & \\
\hline
\end{array}
\]
HYPERAROUSAL

NON-RESTORATIVE SLEEP

Disturbance of usual sleep pattern since "life event" so that subject does not feel rested upon waking and feels tired during the day. Do not include insomnia; sleep is normal but subject feels sleepy during the day.

DO NOT INCLUDE INSOMNIA.

Have you been having problems sleeping well in the last three months?

Do you feel rested when you wake up in the morning?

Has that changed since "life event"?

Do you feel tired during the day from not sleeping well?

Does this make it harder for you to do your work?

How much of the time do you feel this way?

Is it worse when you have been thinking about "life event"?
INATTENTION

Difficulty maintaining sufficient involvement to allow completion of age-appropriate and developmentally appropriate tasks requiring concentration.

In the last three months, have you had more trouble paying attention than before “life event”?

Is it more difficult for you to concentrate?

Do you have trouble remembering things? Has this caused you any problems?

How much of the time do you feel this way?

Is it worse when you have been thinking about "life event"?

INATTENTION

0 = Inattention absent in interesting activities.

2 = At least sometimes uncontrollable by the child or by admonition, present in at least 2 interesting activities in any situation.

3 = Nearly always uncontrollable by the child or by admonition, present in most interesting activities.

AROUSAL

0 = Absent

2 = Symptom present 0-25% of the time.

3 = Symptom present 26-50% of the time.

4 = Symptom present 51-75% of the time.

5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION

0 = Absent

2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".
Definitions and questions

**ANGER**
Increased ease of precipitation of externally directed feelings of anger, bad temper, short temper, resentment, or annoyance.

*Since “life event” have things “gotten on your nerves” more easily?*

What kinds of things?
Is that more than usual?
Or have you been more irritable?

Has this affected how you get along with people?
How so?
How much of the time do you feel this way?
Is it worse when you have been thinking about “life event”?

<table>
<thead>
<tr>
<th>Codes</th>
<th>Coding rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLB7I01</td>
<td><strong>ANGER</strong></td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present but does not interfere with functioning or relationships.</td>
<td></td>
</tr>
<tr>
<td>3 = Present and interfered with functioning or relationships.</td>
<td></td>
</tr>
<tr>
<td>CLB7O01</td>
<td>Onset</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Symptom present 0-25% of the time.</td>
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<tr>
<td>3 = Symptom present 26-50% of the time.</td>
<td></td>
</tr>
<tr>
<td>4 = Symptom present 51-75% of the time.</td>
<td></td>
</tr>
<tr>
<td>5 = Symptom present 76-100% of the time.</td>
<td></td>
</tr>
</tbody>
</table>

**AROUSAL**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Coding rules</th>
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</thead>
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<tr>
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<td>4 = Symptom present 51-75% of the time.</td>
<td></td>
</tr>
<tr>
<td>5 = Symptom present 76-100% of the time.</td>
<td></td>
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</tbody>
</table>

**PHASIC EXACERBATION**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Coding rules</th>
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<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Symptom occurs or increases in response to cues prompting recall or reliving of the &quot;life event&quot;.</td>
<td></td>
</tr>
</tbody>
</table>
**ANGER DYSCONTROL**

Increased outbursts of anger have resulted from inability to control expression of anger as well as used to.

*In the last three months, have you gotten angry very often?*

*More than before "life event"?*
*What has happened?*
*When you get angry, can you control your anger as much as you used to?*

*What do you do now?*
*Has it affected how you get along with other people?*
*How so?*
*How much of the time do you feel this way?*
*Is it worse when you have been thinking about "life event"?*

**Coding rules**

**ANGER DYSCONTROL**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present but does not interfere with functioning or relationships.</td>
</tr>
<tr>
<td>3</td>
<td>Present and interfered with functioning or relationships.</td>
</tr>
</tbody>
</table>

**CLB8I01** Intensity

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>/</td>
<td></td>
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</tbody>
</table>

**CLB8O01** Onset

**AROUSAL**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Symptom present 0-25% of the time.</td>
</tr>
<tr>
<td>3</td>
<td>Symptom present 26-50% of the time.</td>
</tr>
<tr>
<td>4</td>
<td>Symptom present 51-75% of the time.</td>
</tr>
<tr>
<td>5</td>
<td>Symptom present 76-100% of the time.</td>
</tr>
</tbody>
</table>

**CLB8I02**

**PHASIC EXACERBATION**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Symptom occurs or increases in response to cues prompting recall or reliving of the &quot;life event&quot;.</td>
</tr>
</tbody>
</table>

**CLB8I03**
HYPERVIGILANCE
Increased general level of awareness and alertness towards surroundings in the absence of imminent danger.

In the last 3 months, have you been more "on the alert" for bad things happening than before "life event"?

What do you do?
Are you like that even when there isn't much chance of anything bad happening?
How much has that affected your life?
How much of the time are you like that?
Have you given up doing any thing because you don't want to take any chances?
Is it worse when you have been thinking about "life event"?
When did that start?

HYPERVIGILANCE
0 = Absent
1 = Subjective hypervigilance not manifested in any overt behavioral change.
2 = Behavioral manifestations of hypervigilance (e.g. taking care over seating or scanning environment for danger) but they do not limit activities to any major extent.
3 = Behavioral manifestations of hypervigilance that preclude the performance of many or most normal activities.

AROUSAL
0 = Absent
2 = Symptom present 0-25% of the time.
3 = Symptom present 26-50% of the time.
4 = Symptom present 51-75% of the time.
5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION
0 = Absent
2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".
EXAGGERATED STARTLE RESPONSE
Increase in susceptibility to being startled by minor unexpected stimuli since "life event".

INTERVIEWER SHOULD DEMONSTRATE STARTLE RESPONSE.

In the last 3 months have you startled more easily than before "life event"?
Or have you been more jumpy than usual?
Do unexpected noises make you jump more easily than they used to?
What is it like when that happens?
How often does it happen?
How long do you stay "jumpy" afterwards?
How much of the time do you feel this way?
Is it worse when you have been thinking about "life event"?
When did that start?

EXAGGERATED STARTLE RESPONSE
0 = Absent
2 = Present, but not noticeable to others.
3 = Present, noticeable to others.

AROUSAL
0 = Absent
2 = Symptom present 0-25% of the time.
3 = Symptom present 26-50% of the time.
4 = Symptom present 51-75% of the time.
5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION
0 = Absent
2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".
### NUMBING

#### DETACHMENT

A generalized subjective sense of being emotionally cut off from other people that has appeared since the occurrence of a "life event".

*Since "life event" have you felt cut off from other people?*

*Have you been less interested in seeing your friends?*

*Have you actually seen less of your friends? Can you tell me why? Would you like to see more of them? Or have you "gone off" on them?*

#### LOSS OF POSITIVE AFFECT

Complaint of loss of a previously existing ability to feel or experience emotion. Code loss of positive and negative affect separately.

*Since "life event" has it seemed as though you have lost some of your feelings?*

*Have you got any feelings left? Can you feel happy or good feelings?*

#### LOSS OF NEGATIVE AFFECT

Complaint of loss of a previously existing ability to feel or experience emotion. Code loss of positive and negative affect separately.

*Since "life event" has it seemed like you have lost some of your unhappy or negative feelings?*

---

#### DETACHMENT

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Feels that it is more difficult to relate emotionally to people than before &quot;life event&quot;, but has not reduced social contacts.</td>
</tr>
<tr>
<td>3</td>
<td>Has reduced social contacts because of difficulty relating emotionally to people.</td>
</tr>
</tbody>
</table>

#### CLC1001

**Intensity**

- CLC1101

**Onset**

---

#### LOSS OF POSITIVE AFFECT

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Loss of affect in at least 2 activities and uncontrollable at least some of the time.</td>
</tr>
<tr>
<td>3</td>
<td>Affect is felt to be lost in almost all activities.</td>
</tr>
</tbody>
</table>

#### CLC2001

**Intensity**

- CLC2101

**Onset**

---

#### LOSS OF NEGATIVE AFFECT

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Loss of affect in at least 2 activities and uncontrollable at least some of the time.</td>
</tr>
<tr>
<td>3</td>
<td>Affect is felt to be lost in almost all activities.</td>
</tr>
</tbody>
</table>

#### CLC3001

**Intensity**

- CLC3101

**Onset**

---
Definitions and questions

**LOSS OF POSITIVE EMOTIONAL EXPRESSION**
Since "life event", unable or unwilling to express emotions to the degree existing before the "life event."

Do not include inexpressiveness that predated the "life event" unless there has clearly been an exacerbation following the "life event".

*Is it harder for you to show happy or good feelings?*

**LOSS OF NEGATIVE EMOTIONAL EXPRESSION**
Since life event, unable or unwilling to express emotions to the degree existing before the "life event".

Do not include inexpressiveness that predated the "life event" unless there has clearly been an exacerbation following the "life event".

*Is it harder for him/her to show unhappy or bad feelings?*

Coding rules

<table>
<thead>
<tr>
<th>CLC4I01</th>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Less able or willing to talk about or show emotions, or to discuss topics with emotional content or which stimulate emotions.</td>
</tr>
<tr>
<td>3</td>
<td>Almost always unable or unwilling to talk about or show emotions or to discuss topics with emotional content or which stimulate emotions.</td>
</tr>
</tbody>
</table>

**ONSET: LOSS OF POSITIVE EMOTIONAL EXPRESSION**

| CLC4O01 |  / / |

<table>
<thead>
<tr>
<th>CLC5I01</th>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Less able or willing to talk about or show emotions, or to discuss topics with emotional content or which stimulate emotions.</td>
</tr>
<tr>
<td>3</td>
<td>Almost always unable or unwilling to talk about or show emotions or to discuss topics with emotional content or which stimulate emotions.</td>
</tr>
</tbody>
</table>

**CLC5O01**

Onset / /
Definitions and questions

OTHER BEHAVIORS

PLAY RECAPITULATING "LIFE EVENT"
Play involving activities that recapitulate all or some aspects of "life event" (e.g. preoccupation with crashing cars after being in a car accident, or behaviors that mimic "life event").

Has the way you play changed at all since "life event"?
In what way?
In the last 3 months have you played games that are like "life event"?
Or acted out what happened?
What do you do?

DANGEROUS ACTIVITIES (PTSD - A)
Activities that physically endanger the subject or others.

Since "life event", have you taken chances and done risky things?
Or dangerous things?
What have you done in the last 3 months?
Is this more than before "life event"?

INCREASED ATTENTION TO RELIGION
Increased interest in or observance of religious ideas and practices since "life event".

Have you become more religious since "life event"?
Do you think more about God?
Or the Devil?
Do you go to "church" more often?
Do you read "scripture" more often?
Or pray more?

Coding rules

PLAY RECAPITULATING "LIFE EVENT"
CLC6I01
Intensity
0 = Absent
2 = Present to an extent greater than before the event.
3 = Actions recapitulating life event has become the most frequent or dominant subject of play.

CLC6O01
Onset

DANGEROUS ACTIVITIES
CLC7I01
Intensity
0 = No
2 = Yes

CLC7O01
Onset

INCREASED ATTENTION TO RELIGION
CLC8I01
Intensity
0 = Absent
1 = Subjective report of greater interest in, or mental attention to, religious matters. Include increased level of reading religious works here.
2 = Increase in level of religious observances, including normal prayer.
3 = Increase in religious observances including obsessional rituals and compulsive behaviours.

CLC8O01
Onset
DECREASED ATTENTION TO RELIGION
Decreased interest in or observance of religious ideas and practices since "life event".

Do you have less interest in religion since "life event"?
Do you care less about God?
Or the Devil?
Do you go to "church" less frequently?
Do you read "scripture" less?
Or pray less?

OMEN FORMATION
Following the "life event", subject has developed superstitious beliefs or practices to mitigate or prevent recurrences of the event or other possible or imagined "life events".

Are you superstitious about things?
Are there signs that mean bad things will happen?
Or signs that make you think that you'll be OK?
What are they?
Do you think that these signs are really true?
Did you believe in them before "life event" or are they new?

Coding rules

DECREASED ATTENTION TO RELIGION
0 = Absent
2 = Subjective report of decreased interest in, or mental attention to, religious matters. Include decreased level of reading religious works here.
3 = Decrease in level of religious observances, including prayer.

OMEN FORMATION
0 = Not present.
1 = Superstitious beliefs not resulting in any overt behavior.
2 = Superstitious beliefs that have resulted in overt behavior (e.g. carrying charms or rabbits feet).
3 = Activities meeting criteria for obsessional rituals or compulsive behaviors.
**SURVIVOR GUILT**

A subjective belief or feeling of responsibility for the "life event" or its prevention, or a feeling that the subject should have substituted (or been substituted) for another who was more severely affected.

*Do you feel guilty about what happened during "life event"?*

*Do you ever feel it was your fault, even though it wasn't?*

*Do you sometimes feel that you should have prevented "life event" even though you couldn't?*

*Do you ever wish that you and not "specific other person" should have "specific other person's" fate?*

*Do you ever feel bad about what you did during "life event"?*

**IF THE CHILD FEELS GUILTY OR RESPONSIBLE, PROVIDE REASSURANCE AND COMFORT**

**REVENGE FANTASIES AFTER EVENT**

In the last 3 months subject imagined doing something to punish the "cause" of the trauma.

*Do you still wish that you could get revenge or punish "the cause of the trauma"?*

*Or that something would happen to get back at "the cause"?*

*What do you wish would happen?*

---

**SURVIVOR GUILT**

<table>
<thead>
<tr>
<th>Codes</th>
<th>Coding rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLD1O01</td>
<td>Intensity</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
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</table>

**REVENGE FANTASIES**

<table>
<thead>
<tr>
<th>Codes</th>
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</tr>
</thead>
<tbody>
<tr>
<td>CLD2O01</td>
<td>Intensity</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
<td></td>
</tr>
</tbody>
</table>
**CHANGED EXPECTATION OF LONG-TERM FUTURE**

Marked change in the subject's expectations of the future, involving the expectation that some or all adult roles will NOT be attained. Code regardless of justification, except in the case of subjects with a current life-threatening illness.

*Has "life event" changed what you think the future will be like?*

*In what way?*

*Has it changed what you think about getting married?*

*Or having children?*

*In what way?*

*How long do you expect to live?*

*Has that changed?*

<table>
<thead>
<tr>
<th>Codes</th>
<th>CLD3I01 Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Expects to reach adulthood, but predicts poor attainment of adult roles (e.g. does not expect to get married, get a job, or have children); or expects to reach adulthood but is not certain about it.</td>
</tr>
<tr>
<td>3</td>
<td>Does not expect to survive to adulthood.</td>
</tr>
</tbody>
</table>
POST TRAUMATIC STRESS - B
SCREEN FOR LIFE EVENT: LIFETIME
Mark "Present" if any Lifetime Life Event had a positive screen.

INTERVIEWER NOTE: Is there a Lifetime Life Event with a positive screen?

IF LIFETIME LIFE EVENT ABSENT, SKIP TO ""PSYCHOTIC" ABNORMALITIES OF THOUGHT AND SPEECH", (PAGE 5).
ACUTE RESPONSES TO TRAUMATIC EVENT
ACUTE EMOTIONAL RESPONSES
Emotional responses to the event when it occurred.

Now I would like to ask you about feelings you may have had when the "life event" occurred.

Were you surprised by what happened?

Did you feel helpless?
Like you couldn’t do anything to make it better?

Did you feel like it wasn’t really happening?
Like it was only a story, not the real thing?

Were you afraid or scared?
**Definitions and questions**

**Worry**

were you worried that you weren’t safe?

or that you might die?

Did you get angry?

Did you feel nothing at all?

like you couldn’t feel anything?

were you grossed out or disgusted by what happened?

Did you feel out of control?

that you might not be able to control your feelings?

Did you feel sad?

Did you feel confused?

like you couldn’t understand what was happening?

like it didn’t make any sense?

Did you feel out of touch with yourself?

or cut off from yourself?

As if you were in a dream?

As if it wasn’t happening to you?

Did you feel guilty?

like it was your fault?

Did you feel like someone you trusted had tricked you?

Did you feel embarrassed by what was happening?

Or ashamed?

**Coding rules**

**Worry**
0 = Absent
2 = Present

**Anger**
0 = Absent
2 = Present

**Emotional Numbness**
0 = Absent
2 = Present

**Disgust/Revulsion**
0 = Absent
2 = Present

**Out of Control**
0 = Absent
2 = Present

**Sad**
0 = Absent
2 = Present

**Confused**
0 = Absent
2 = Present

**Detached**
0 = Absent
2 = Present

**Guilty**
0 = Absent
2 = Present

**Betrayed**
0 = Absent
2 = Present

**Embarrassed**
0 = Absent
2 = Present
EVER: ACUTE SOMATIC RESPONSES
Physical responses to the life event when it occurred.

When "life event" occurred, did it affect you physically at all?

What did you notice?

Did you get dizzy or giddy or faint?

Did you get a dry mouth?

Did it affect your breathing? How?

Did it affect your heart?

Did you get a pain in your chest?

Did you get sweaty?

Or feel sick?

Did you have to go to the bathroom?

Coding rules

EVER: ACUTE SOMATIC RESPONSES
0 = Absent
2 = Present

DIZZINESS/FAINTNESS
0 = Absent
2 = Present

DRY MOUTH
0 = Absent
2 = Present

CHOKING/SMOTHERING
0 = Absent
2 = Present

DIFFICULTY BREATHING
0 = Absent
2 = Present

RAPID BREATHING
0 = Absent
2 = Present

PALPITATIONS
0 = Absent
2 = Present

TIGHTNESS OR PAIN IN CHEST
0 = Absent
2 = Present

SWEATING
0 = Absent
2 = Present

NAUSEA
0 = Absent
2 = Present

URINATING FREQUENTLY
0 = Absent
2 = Present
### Definitions and questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Coding rules</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Did it affect your stomach?</strong></td>
<td><strong>BUTTERFLIES IN THE STOMACH</strong></td>
</tr>
<tr>
<td></td>
<td>CLE2X11</td>
</tr>
<tr>
<td></td>
<td>0 = Absent</td>
</tr>
<tr>
<td></td>
<td>2 = Present</td>
</tr>
<tr>
<td><strong>Did you get diarrhea?</strong></td>
<td><strong>DIARRHEA</strong></td>
</tr>
<tr>
<td></td>
<td>CLE2X12</td>
</tr>
<tr>
<td></td>
<td>0 = Absent</td>
</tr>
<tr>
<td></td>
<td>2 = Present</td>
</tr>
<tr>
<td><strong>Did you get shaky?</strong></td>
<td><strong>TREMBLING/SHAKING</strong></td>
</tr>
<tr>
<td></td>
<td>CLE2X13</td>
</tr>
<tr>
<td></td>
<td>0 = Absent</td>
</tr>
<tr>
<td></td>
<td>2 = Present</td>
</tr>
<tr>
<td><strong>Did your muscles get sore?</strong></td>
<td><strong>MUSCLE SORENESS</strong></td>
</tr>
<tr>
<td></td>
<td>CLE2X14</td>
</tr>
<tr>
<td></td>
<td>0 = Absent</td>
</tr>
<tr>
<td></td>
<td>2 = Present</td>
</tr>
<tr>
<td><strong>Did you get flushed?</strong></td>
<td><strong>FLUSHING</strong></td>
</tr>
<tr>
<td></td>
<td>CLE2X15</td>
</tr>
<tr>
<td></td>
<td>0 = Absent</td>
</tr>
<tr>
<td></td>
<td>2 = Present</td>
</tr>
<tr>
<td><strong>Or pale?</strong></td>
<td><strong>PALLOR</strong></td>
</tr>
<tr>
<td></td>
<td>CLE2X16</td>
</tr>
<tr>
<td></td>
<td>0 = Absent</td>
</tr>
<tr>
<td></td>
<td>2 = Present</td>
</tr>
<tr>
<td><strong>Did you have funny feelings in your fingers or toes?</strong></td>
<td><strong>PARAESTHESIAE</strong></td>
</tr>
<tr>
<td></td>
<td>CLE2X17</td>
</tr>
<tr>
<td></td>
<td>0 = Absent</td>
</tr>
<tr>
<td></td>
<td>2 = Present</td>
</tr>
<tr>
<td><strong>Did you get a lump in your throat?</strong></td>
<td><strong>LUMP IN THE THROAT</strong></td>
</tr>
<tr>
<td></td>
<td>CLE2X18</td>
</tr>
<tr>
<td></td>
<td>0 = Absent</td>
</tr>
<tr>
<td></td>
<td>2 = Present</td>
</tr>
<tr>
<td><strong>Did your abdomen churn?</strong></td>
<td><strong>ABDOMINAL CHURNING</strong></td>
</tr>
<tr>
<td></td>
<td>CLE2X19</td>
</tr>
<tr>
<td></td>
<td>0 = Absent</td>
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<tr>
<td></td>
<td>2 = Present</td>
</tr>
<tr>
<td><strong>EVER: INTERVENTION FANTASIES</strong></td>
<td><strong>EVER: INTERVENTION FANTASIES</strong></td>
</tr>
<tr>
<td></td>
<td>CLE3X01</td>
</tr>
<tr>
<td></td>
<td>Intensity</td>
</tr>
<tr>
<td></td>
<td>0 = Absent</td>
</tr>
<tr>
<td></td>
<td>2 = Present during event and realized.</td>
</tr>
<tr>
<td></td>
<td>3 = Present during event but unrealized.</td>
</tr>
</tbody>
</table>

### Coding rules

- **BUTTERFLIES IN THE STOMACH**
  - 0 = Absent
  - 2 = Present
- **DIARRHEA**
  - 0 = Absent
  - 2 = Present
- **TREMBLING/SHAKING**
  - 0 = Absent
  - 2 = Present
- **MUSCLE SORENESS**
  - 0 = Absent
  - 2 = Present
- **FLUSHING**
  - 0 = Absent
  - 2 = Present
- **PALLOR**
  - 0 = Absent
  - 2 = Present
- **PARAESTHESIAE**
  - 0 = Absent
  - 2 = Present
- **LUMP IN THE THROAT**
  - 0 = Absent
  - 2 = Present
- **ABDOMINAL CHURNING**
  - 0 = Absent
  - 2 = Present
- **EVER: INTERVENTION FANTASIES**
  - 0 = Absent
  - 2 = Present during event and realized.
  - 3 = Present during event but unrealized.
**EVER: RESCUE FANTASIES DURING EVENT**
During the event, subject imagines being rescued.

*During "life event", did you imagine or wish that "person at risk" would be rescued?*

What did you imagine?  
What happened?

**EVER: REVENGE FANTASIES**
During the event, subject imagines something that punishes the "cause" of the trauma.

*During "life event", did you imagine or wish that you could get revenge or punish "the cause of the trauma"?*

Or that someone else or something would get revenge?  
What did you imagine?  
What happened?

### Coding rules

**EVER: RESCUE FANTASIES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present during event and realized.</td>
</tr>
<tr>
<td>3</td>
<td>Present during event but unrealized.</td>
</tr>
</tbody>
</table>

**EVER: REVENGE FANTASIES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present during event and realized.</td>
</tr>
<tr>
<td>3</td>
<td>Present during event but unrealized.</td>
</tr>
</tbody>
</table>
COGNITIVE INTRUSIONS

PAINFUL RECALL OF LIFE EVENT -B
Unwanted, painful and distressing recollections, memories, thoughts, or images of life event.

In the last 3 months have upsetting memories or pictures in your mind of "life event" come back to you?

EXTERNALLY CUED PAINFUL RECALL - PTS-B
Painful recall occurring in response to external cues or stimuli, such as particular sights, sounds, smells, or situations.

ASK AVOIDANCE AND SUPPRESSION QUESTIONS IF NO EXTERNALLY CUED PAINFUL RECALL PRESENT.

Do any things or places remind you of "life event"?

What about sounds or things you see?

When that happens does it bring back unpleasant memories of "life event"?

Codings and rules

PAINFUL RECALL OF LIFE EVENT
0 = Absent
2 = Present

EXTERNALLY CUED PAINFUL RECALL
0 = Externally cued painful recall absent.
2 = Painful recall is intrusive into at least two activities and uncontrollable at least some of the time.
3 = Painful recall is intrusive into most activities and nearly always uncontrollable.

HOURS : MINUTES

Onset
COGNITIVE INTRUSION - AVOIDANCE

Do you try to avoid any things or places that might remind you of "life event"?

Do you notice any physical effects when you remember "life event"?

Like your heart racing?
Or being short of breath?
Or feeling shaky or sick to your stomach?
What do you notice?
Do you get panicky?
Do other people notice when you are remembering event?

What do they see?

When you remember event, what do you do to feel better?

Do you try to think about other things or do things you like to do to take your mind off of it?
Do you talk to someone and ask them for help?

Coding rules

<table>
<thead>
<tr>
<th>AVOIDANCE</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Absent</td>
<td>CLE5I01</td>
</tr>
<tr>
<td>2 = Avoids situations that might provoke painful recall at least sometimes, but not to a degree that prevents a normal lifestyle.</td>
<td></td>
</tr>
<tr>
<td>3 = Avoidance leads to disruption of normal life and activities and results in a highly restricted lifestyle.</td>
<td></td>
</tr>
</tbody>
</table>

ONSET: AVOIDANCE

NORMAL SUPPRESSION

0 = Absent
2 = Uses normal thoughts or normal activities in attempt to reduce painful recall.

OBSESSIONAL SUPPRESSION

0 = Absent
2 = Uses obsessional thoughts or obsessional rituals in attempt to reduce painful recall.

COMPULSIVE SUPPRESSION

0 = Absent
2 = Uses compulsive behaviors in attempt to reduce painful recall.

AUTONOMIC EFFECTS

0 = Absent
2 = Notices autonomic changes in response to painful recall, but these do not amount to panic attacks.
3 = Panic attacks in response to painful recall.

PAINFUL RECALL NOTICEABLE TO OTHERS

0 = No
2 = Child reports others notice changes (anxiety, daydreaming, etc.).
**PAINFUL RECALL NOT EXTERNALLY CUED**

Recollections not cued by external cues or stimuli.

May be internally cued responses, occurring in response to emotional states, feelings, particular thoughts, autonomic symptoms, bodily sensations, or any other internal cue or stimulus. If internal cues are a response to external stimulus, code as Externally Cued Recollections.

Recollections also may occur without apparent relationship to either external or internal cues or stimuli.

*In the last three months have any feelings or emotions reminded you of "life event"?*

*Have any physical feelings or changes in your body reminded you of it?*

*When that happens, does it bring back unpleasant memories of "life event"? What are they like? How often does that happen? How long does it last?*

*When that happens, do you try not to have those "feelings", so you won’t be reminded of "life event"?*

*Do you do anything so as not to have those "feelings" that remind you of "life event"?*

*Do you try not to think about "life event"? Do you do anything to stop yourself thinking about "life event"? Can you stop thinking about it? What do you do?*

*Would other people notice when you are remembering "life event"? What would they see?*

*When you "think about life event", do you notice any physical effects? What do you notice? Do you get panicky?*

---

### Coding rules

- **PAINFUL RECALL NOT EXTERNALLY CUED**
  - 0 = Absent
  - 2 = Painful recall is intrusive into at least two activities and uncontrollable at least some of the time.
  - 3 = Painful recall is intrusive into most activities and nearly always uncontrollable.

- **HOURS : MINUTES**
  - **CLE8D01** Duration
  - **CLE8O01** Onset

- **NORMAL SUPRESSION**
  - 0 = Absent
  - 2 = Uses normal thoughts or normal activities in attempt to reduce painful recall.

- **OBSESSIAL SUPPRESSION**
  - 0 = Absent
  - 2 = Uses obsessional thoughts or obsessional rituals in attempt to reduce painful recall.

- **COMPULSIVE SUPPRESSION**
  - 0 = Absent
  - 2 = Uses compulsive behaviors in attempt to reduce painful recall.

- **PAINFUL RECALL NOTICABLE TO OTHERS**
  - 0 = No
  - 2 = Child reports others notice changes (anxiety, daydreaming, etc.).

- **AUTONOMIC EFFECTS**
  - 0 = Absent
  - 2 = Notices autonomic changes in response to painful recall, but these do not amount to panic attacks.
  - 3 = Panic attacks in response to painful recall.
ACTIVE RECALL
Intentional recall of event.

Do you ever think about "life event" on purpose?
Have you in the last three months?
When you do so, how do you feel?
Are the feelings painful for you?
Do you get worried?
Or sad?
Or angry?
Or feel guilty?
Do you feel better able to cope with what happened?

Coding rules

ACTIVE RECALL
0 = Absent
2 = Present

HOURS : MINUTES

WORRY
0 = Absent
2 = Present

SADNESS
0 = Absent
2 = Present

ANGER
0 = Absent
2 = Present

GUILT
0 = Absent
2 = Present

SENSE OF MASTERY
0 = Absent
2 = Present
FAILURES OF RECALL

Inability to recall important aspects of the "life event", such as the names and faces of participants, or parts of the chronology of the event.

Do not include deliberate attempts not to recall the event.

Do you have difficulty remembering some things about "life event"?

What things are hard to remember?
Is that because you don't want to remember them, or that you just can't?
How much can you remember?
Are those memories real clear?
Has it happened in the last three months?

FAILURES OF RECALL

0 = No failure of recall.
1 = Some difficulty recalling certain aspects of the event that can usually be overcome by concentrated attempt to remember.
2 = At least some aspects of the event cannot be recalled, even with effort.
3 = Most or all details of the event cannot be recalled.
RELIVING OF "LIFE EVENT"

Behaving or feeling as though the "life event" were recurring. The experience may involve a sense of reliving the event, illusory or hallucinatory phenomena, or "flashbacks". Flashbacks involve hallucinatory phenomena of sufficient intensity to impair perception of the real world to a substantial degree.

Include panic attacks where the mental content of the panic episode is related to the "life event".

Include such phenomena even if they occurred at times of intoxication with alcohol or drugs or during sleep cycle.

CODE NIGHTMARES IN ITEMS THAT FOLLOW.

_in the last 3 months, have you felt as though the "life event" was happening to you again, even when it wasn't?_

What was that like?
What did you do?
How long did it last?
How often did it happen?
How real did it seem?
Did you feel as though you were really there, and that it was really happening again?
When it was happening were you aware of what was really going on around you and where you really were?
Did the memory of "life event" seem more real than your actual surroundings?
Did this happen when you were falling asleep?
Or waking up?
Do you ever wake up in the middle of the night feeling this way?

ASSOCIATED PANIC
0 = No associated panic attacks.
2 = With panic attacks.

HYPNOGOGIC (ON FALLING ASLEEP)
0 = Absent
2 = Present

HYPNOPOMPIC (ON WAKING)
0 = Absent
2 = Present

NOCTURNAL
0 = Absent
2 = Present

DAYLIGHT (WHEN UP AND ABOUT)
0 = Absent
2 = Present
### Definitions and questions

**NIGHTMARES**

Frightening dreams that waken subject, with content related to the "life event" (either about "life event" or reminding subject of it). Unpleasant affect apparent when wakening, which may be followed rapidly by feelings of relief.

*In the last 3 months, have you had any nightmares or bad dreams about "life event"?*

*Or nightmares or bad dreams that aren't about it but remind you of it?*

Tell me about them.

**Do they wake you up?**

How often do they happen?

When you wake up, do you notice any physical effects?

When you wake up are you panicky?

Is it hard for you to get back to sleep afterwards?

What do you do?

Does fear of these dreams make it hard for you to get to sleep?

Do you have trouble sleeping alone?

---

### Coding rules

**NIGHTMARES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
</tr>
</tbody>
</table>

**AUTONOMIC EFFECTS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Notices autonomic changes in response to nightmares.</td>
</tr>
<tr>
<td>3</td>
<td>Has panic attack in response to nightmares.</td>
</tr>
</tbody>
</table>

**REASSURANCE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Upon waking from nightmare, seeks time limited reassurance or contact.</td>
</tr>
<tr>
<td>3</td>
<td>Upon waking, seeks extended reassurance or contact (e.g. won't go back to bed, conflict arises over need for reassurance).</td>
</tr>
</tbody>
</table>

**ANTICIPATORY REASSURANCE**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>At bedtime, seeks time limited reassurance or contact (e.g. extended bedtime ritual).</td>
</tr>
<tr>
<td>3</td>
<td>Seeks extended reassurance or contact (e.g. won't go to bed, conflict arises over need for reassurance).</td>
</tr>
</tbody>
</table>
HYPERAROUSAL

NON-RESTORATIVE SLEEP
Disturbance of usual sleep pattern since "life event" so that subject does not feel rested upon waking and feels tired during the day. Do not include insomnia; sleep is normal but subject feels sleepy during the day.

DO NOT INCLUDE INSOMNIA

Have you been having problems sleeping well in the last three months?
Do you feel rested when you wake up in the morning?

Has that changed since "life event"?
Do you feel tired during the day from not sleeping well?
Does this make it harder for you to do work?
How much of the time do you feel this way?
Is it worse when you have been thinking about "life event"?

Coding rules

NON-RESTORATIVE SLEEP
0 = Absent
2 = Present but does not interfere with functioning.
3 = Present and interfered with functioning.

AROUSAL
0 = Absent
2 = Symptom present 0-25% of the time.
3 = Symptom present 26-50% of the time.
4 = Symptom present 51-75% of the time.
5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION
0 = Absent
2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

Codes
CLF5I01 Intensity
CLF5O01 Onset
CLF5F01 Frequency
CLF5I02
CLF5I03
INATTENTION
Difficulty maintaining sufficient involvement to allow completion of age-appropriate and developmentally appropriate tasks requiring concentration.

In the last three months, have you had more trouble paying attention than before "life event"?

Is it more difficult for you to concentrate?

Do you have trouble remembering things?
Has this caused you any problems?
How much of the time do you feel this way?
Is it worse when you have been thinking about "life event"?

Coding rules

CLF6I01
Intensity

CLF6I02
Onset

CLF6I03

Phasic Exacerbation
0 = Absent

2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

AROUSAL
0 = Absent

2 = Symptom present 0-25% of the time.

3 = Symptom present 26-50% of the time.

4 = Symptom present 51-75% of the time.

5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION
0 = Absent

2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".
Definitions and questions

**ANGER**

Increased ease of precipitation of externally directed feelings of anger, bad temper, short temper, resentment, or annoyance.

*Since "life event" have things "gotten on your nerves" more easily?*

What kinds of things?  
Is that more than usual?  
Or have you been more irritable?

Has this affected how you get along with people?  
How so?  
How much of the time do you feel this way?  
Is it worse when you have been thinking about "life event"?

**Coding rules**

**ANGER**

0 = Absent  
2 = Present but does not interfere with functioning or relationships.  
3 = Present and interfered with functioning or relationships.

**AROUSAL**

0 = Absent  
2 = Symptom present 0-25% of the time.  
3 = Symptom present 26-50% of the time.  
4 = Symptom present 51-75% of the time.  
5 = Symptom present 76-100% of the time.

**PHASIC EXACERBATION**

0 = Absent  
2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

**Codes**

**CLF7I01**

Intensity

**CLF7001**

Onset

/ /
ANGER DYSCONTROL
Since "life event", increased outbursts of anger have resulted from inability to control expression of anger as well as you used to.

In the last three months, have you gotten angry very often?
More than before "life event"?
What has happened?
When you get angry, can you control your anger as much as you used to?

What do you do now?
Has it affected how you get along with other people?
How so?
How much of the time do you feel this way?
Is it worse when you have been thinking about "life event"?

Coding rules

ANGER DYSCONTROL
0 = Absent
2 = Present but does not interfere with functioning or relationships.
3 = Present and interfered with functioning or relationships.

AROUSAL
0 = Absent
2 = Symptom present 0-25% of the time.
3 = Symptom present 26-50% of the time.
4 = Symptom present 51-75% of the time.
5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION
0 = Absent
2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".
HYPERVIGILANCE

Increased general level of awareness and alertness towards surroundings in the absence of imminent danger.

In the last 3 months, have you been more "on the alert" for bad things happening than before "life event"?

What do you do?
Are you like that even when there isn't much chance of anything bad happening?
How much has that affected your life?
How much of the time are you like that?
Have you given up doing any things because you don't want to take any chances?
Is it worse when you have been thinking about "life event"?

HYPERVIGILANCE

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>1</td>
<td>Subjective hypervigilance not manifested in any overt behavioral change.</td>
</tr>
<tr>
<td>2</td>
<td>Behavioral manifestations of hypervigilance (e.g. taking care over seating or scanning environment for danger) but they do not limit activities to any major extent.</td>
</tr>
<tr>
<td>3</td>
<td>Behavioral manifestations of hypervigilance that preclude the performance of many or most normal activities.</td>
</tr>
</tbody>
</table>

AROUSAL

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Symptom present 0-25% of the time.</td>
</tr>
<tr>
<td>3</td>
<td>Symptom present 26-50% of the time.</td>
</tr>
<tr>
<td>4</td>
<td>Symptom present 51-75% of the time.</td>
</tr>
<tr>
<td>5</td>
<td>Symptom present 76-100% of the time.</td>
</tr>
</tbody>
</table>

PHASIC EXACERBATION

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Symptom occurs or increases in response to cues prompting recall or reliving of the &quot;life event&quot;.</td>
</tr>
</tbody>
</table>
EXAGGERATED STARTLE RESPONSE
Increase in susceptibility to being startled by minor unexpected stimuli since "life event".

INTERVIEWER SHOULD DEMONSTRATE STARTLE RESPONSE.

In the last 3 months have you startled more easily than before "life event"?

Or have you been more jumpy than usual?

Do unexpected noises make you jump more easily than they used to?
What is it like when that happens?
How often does it happen?
How long do you stay "jumpy" afterwards?
How much of the time do you feel this way?
Is it worse when you have been thinking about "life event"?

AROUSAL
0 = Absent
2 = Symptom present 0-25% of the time.
3 = Symptom present 26-50% of the time.
4 = Symptom present 51-75% of the time.
5 = Symptom present 76-100% of the time.

PHASIC EXACERBATION
0 = Absent
2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

EXAGGERATED STARTLE RESPONSE
0 = Absent
2 = Present, but not noticeable to others.
3 = Present, noticeable to others.
NUMBING

DETACHMENT
A generalized subjective sense of being emotionally cut off from other people that has appeared since the occurrence of a "life event".

Since "life event" have you felt cut off from other people?

Have you been less interested in seeing your friends?
Have you actually seen less of your friends?
Can you tell me why?
Would you like to see more of them?
Or have you "gone off" them?

LOSS OF AFFECT - POSITIVE
Complaint of loss of a previously existing ability to feel or experience emotion. Code loss of positive and negative affect separately.

Since "life event" has it seemed as though you have lost some of your feelings?
Do you have any feelings left?
Can you feel happy or good feelings?

LOSS OF AFFECT - NEGATIVE
Complaint of loss of a previously existing ability to feel or experience emotion. Code loss of positive and negative affect separately.

What about unhappy or negative feelings?
LOSS OF EMOTIONAL EXPRESSION - POSITIVE
Since life event, unable or unwilling to express emotions to the degree existing before the life event.

Do not include inexpressiveness that predated the life event unless there has clearly been an exacerbation following the life event.

Is it harder for you to show happy or good feelings?

LOSS OF EMOTIONAL EXPRESSION - NEGATIVE
Since life event, unable or unwilling to express emotions to the degree existing before the life event.

Do not include inexpressiveness that predated the life event unless there has clearly been an exacerbation following the life event.

What about unhappy for bad feelings?

LOSS OF POSITIVE EMOTIONAL EXPRESSION
CLG4O01 Onset

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Less able or willing to talk about or show emotions, or to discuss topics with emotional content or which stimulate emotions.</td>
</tr>
<tr>
<td>3</td>
<td>Almost always unable or unwilling to talk about or show emotions or to discuss topics with emotional content or which stimulate emotions.</td>
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</tbody>
</table>

LOSS OF NEGATIVE EMOTIONAL EXPRESSION
CLG5O01 Onset

<table>
<thead>
<tr>
<th>Intensity</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Less able or willing to talk about or show emotions, or to discuss topics with emotional content or which stimulate emotions.</td>
</tr>
<tr>
<td>3</td>
<td>Almost always unable or unwilling to talk about or show emotions or to discuss topics with emotional content or which stimulate emotions.</td>
</tr>
</tbody>
</table>
OTHER BEHAVIORS

PLAY RECAPITULATING LIFE EVENT
Activity that recapitulates all or some aspects of "life event" (e.g. preoccupation with crashing toy cars after being in a car accident).

Has the way you play changed at all since "life event"?
In what way?
In the last three months have you played games that are like "life event"?
Or acted out what happened?
What do you do?

DANGEROUS ACTIVITIES
Activities that physically endanger the subject or others.

Since "life event", have you taken chances and done risky things?
Or dangerous things?
What have you done in the last 3 months? Is this more than before "life event"?

INCREASED ATTENTION TO RELIGION
Increased interest in or observance of religious ideas and practices since life event.

Have you become more religious since "life event"?
Do you think more about God?
Or the Devil?
Do you go to "church" more often?
Do you read "scripture" more often?
Or pray more often?
Definitions and questions

DECREASED ATTENTION TO RELIGION
Decreased interest in or observance of religious ideas and practices since life event.

Do you have less interest in religion since "life event"?
Do you care less about God?
Or the Devil?
Do you go to "church" less frequently?
Do you read "scripture" less?
Or pray less?

OMEN FORMATION
Following the life event, child has developed superstitious beliefs or practices to mitigate or prevent recurrences of the event or other possible or imagined life events.

Are you superstitious about things?
Are there signs that mean bad things will happen?
Or signs that make you think that you'll be OK?
What are they?
Do you think that these signs are really true?
Did you believe in them before "life event" or are they new?

Coding rules

DECREASED ATTENTION TO RELIGION
0 = Absent
2 = Subjective report of decreased interest in, or mental attention to, religious matters. Include decreased level of reading religious works here.
3 = Decrease in level of religious observances, including prayer.

OMEN FORMATION
0 = Not present.
1 = Superstitious beliefs not resulting in any overt behavior.
2 = Superstitious beliefs that have resulted in overt behavior (e.g. carrying charms or rabbits feet).
3 = Activities meeting criteria for obsessional rituals or compulsive behaviors.
SURVIVOR GUILT
A subjective belief or feeling of responsibility for the life event or its prevention, or a feeling that the subject should have substituted (or been substituted) for another who was more severely affected.

Do you feel guilty about what happened during "life event"?

Do you ever feel it was your fault, even though it wasn’t?

Do you sometimes feel that you should have prevented "life event" even though you couldn’t?
Do you ever wish that you and not "specific other person" should have "specific other person's" fate?
Do you ever feel bad about what you did during “life event”?
IF THE CHILD FEELS GUILTY OR RESPONSIBLE, PROVIDE REASSURANCE AND COMFORT.

REVENGE FANTASIES AFTER EVENT
In the last 3 months subject imagined doing something to punish the "cause" of the trauma.

Do you still wish that you could get revenge or punish "the cause of the trauma"?

Or that something would happen to get back at “the cause”?

What do you wish would happen?

Do you feel guilty about what happened during "life event"?

Do you ever feel it was your fault, even though it wasn’t?

Do you sometimes feel that you should have prevented "life event" even though you couldn’t?
Do you ever wish that you and not "specific other person" should have "specific other person's" fate?
Do you ever feel bad about what you did during “life event”?
IF THE CHILD FEELS GUILTY OR RESPONSIBLE, PROVIDE REASSURANCE AND COMFORT.

REVENGE FANTASIES
In the last 3 months subject imagined doing something to punish the "cause" of the trauma.

Do you still wish that you could get revenge or punish "the cause of the trauma"?

Or that something would happen to get back at “the cause”?

What do you wish would happen?
CHANGED EXPECTATION OF LONG-TERM FUTURE

Marked change in the subject's expectations of the future, involving the expectation that some or all adult roles will NOT be attained. Code regardless of justification, except in the case of subjects with a current life-threatening illness.

Has "life event" changed what you think the future will be like?

In what way?

Has it changed what you think about getting married?

Or having children?

In what way?

How long do you expect to live?

Has that changed?
PSYCHOSIS
PERCEPTUAL DISORDERS AND
HALLUCINATIONS

DO NOT CODE SYMPTOMS INDUCED SOLELY
BY USE OF DRUGS OR ALCOHOL

Now I'm going to ask you some questions
about unusual things that we ask everyone with
whom we do this interview.

DEREALIZATION
The subject experiences his/her surroundings as unreal. A
classroom or a bus or a street seems like a stage set with
actors, rather than real people going about their ordinary
business. Everything may seem colorless, artificial, or
dead.

Have you felt that things around you didn't seem real?

Or it was like a stage set with people acting like robots
instead of being themselves?

What was it like?
Did you really believe that the world wasn't real?
How do you explain it?
Has that happened in the last 3 months?
How often?
When did you first notice it?

DEREALIZATION
0 = Absent
2 = The subject simply experiences a lack
of color and life, so that any tendency
towards the artificial tends to be
exaggerated.
3 = The subject feels as though the world is
made of plastic, as though it is not really
there at all.

HOURS : MINUTES

CJA0D01
Duration

CJA0I01
Intensity

CJA0O01
Onset

CJA0F01
Frequency
DEPERSONALIZATION

The subject feels as if s/he him/herself is unreal, that s/he is acting a part rather than being spontaneous and natural, that s/he is a sham, a shadow of a real person. S/he feels detached from his/her experiences.

Derealization is often present at the same time and should be rated independently.

*Have you ever felt as if you weren’t real?*

What was it like?
Did you feel as if you were acting your life rather than being natural?
*Have you felt that you were outside looking at yourself from outside your body?*

Have you ever felt that you were not a person, not in the living world?
Or that you looked unreal in the mirror?
Or that some part of your body did not belong to you?
Did you feel as if you were actually dead?
Did you really believe that you weren't real?

**Coding rules**

**DEPERSONALIZATION**

0 = Absent
2 = The subject feels as if s/he himself is unreal.
3 = The subject feels as if s/he is actually dead.

**Intensity**

**Frequency**

**Duration**

**Onset**
Definitions and questions

**CHANGED PERCEPTION - TIME AND HALLUCINATIONS**

Include here any changes in perception such as heightened and dull perception. The subject may complain that objects change in shape or size or color or that people change their appearance.

**CHANGED PERCEPTION OF TIME**

The subject’s perception of time seems to change, so that events appear to move very slowly or very rapidly or to change their tempo or to be completely timeless. Time may appear to stop altogether.

**HALLUCINATIONS**

Hallucinations are false perceptions occurring in clear consciousness. The subject may see images, visions, or hear voices in the absence of any real stimulus to the perception.

***************PHENOMENA NOT TO BE CODED AS PERCEPTUAL DISORDERS**************

Illusions (false perceptions stimulated by real perceptions that are then momentarily transformed)

Hypnogogic Hallucinations (occurring only on falling asleep)

Hypnopompic Hallucinations (occurring only on awakening)

Eidetic Imagery (voluntary production of vivid images, never confuses with reality)

Elaborated Fantasies

Imaginary Companions

Hallucinations occurring only as part of a seizure or in clouded consciousness.

Spots, stripes before the eyes

Sensory changes associated with headaches

Non-specific verbal hallucinations (a voice but not recognizable words except name being called)

Alcohol or drug induced symptoms

Coding rules

- **PRESENT 2**
  - CAJ2I01 Intensity
  - CJA2F01 Frequency
  - CJA2D01 Duration
  - CJA2O01 Onset

HOURS : MINUTES

/ /
### Definitions and questions

- **Have there been any changes in the way things look or sound?**
- **Sometimes people hear things or see things when there’s no one and nothing to explain it. Has that happened to you?**
- **Do you ever get the feeling that something odd is going on that you can’t explain?**
- **Do you ever hear things that other people can’t hear?**
- **Or see things that other people can’t see?**
- **Do you ever notice smells or tastes that other people don’t?**
DISORDERS OF PERCEPTION, THOUGHT, AND THE CONTENT OF THOUGHT

DO NOT INCLUDE SYMPTOMS INDUCED BY USE OF DRUGS OR ALCOHOL.

"PSYCHOTIC" ABNORMALITIES OF THOUGHT AND SPEECH

Subjects thinking or language has become disordered. Sentences may be hard to follow or completely nonsensical. Ideas may be linked together in unusual ways (such as because of rhymes or puns, as in flight of ideas) or may have no ordinarily comprehensible links (as in "knight's move" thinking).

Distinguish from delusional content or speech; it is quite possible for a child's ideas to be entirely delusional but for the process of thinking and expressing thoughts to be quite normal.

Differentiate from developmental disorders of speech and language (such as language delay and dysarthria) where speech may be difficult to follow. These disorders will usually always have been present and will not represent a change in the child's language.

Is there anything unusual happening to your thoughts?

Is there any interference with your thoughts?

What happens?
Is there anything like hypnotism or telepathy affecting you?

PSYCHOTIC ABNORMALITIES OF THOUGHT AND SPEECH

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<tr>
<th>CJA3I01</th>
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<td>2 = Present</td>
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<th>CJA3O01</th>
<th>Onset</th>
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FOR REVIEW ONLY
Definitions and questions

DELUSIONS AND DELUSIONAL INTERPRETATIONS
A delusion is a firmly-held false belief that is out of keeping with the subject's social and cultural background.

A delusional interpretation also has these characteristics, but is an explanation of some other experience (often of other "psychotic" experiences, such as hallucinations) e.g., a subject might interpret hearing voices talking about him as evidence of a police conspiracy. The conspiracy would be a delusional interpretation.

IF THERE IS EVIDENCE OF DELUSIONS OR DELUSIONAL INTERPRETATION, OBTAIN AS FULL AN ACCOUNT OF THE PHENOMENA AS THE PARENT IS ABLE TO PROVIDE.

WRITE THE DETAILS DOWN VERBATIM.

Do you know any things to be true that other people don't believe?

Is there anything strange or unusual happening to you?

Is anyone out to get you?

Is anyone (or anything) trying to control your body or your mind?

IF ANY EVIDENCE OF DELUSIONS AND DELUSIONAL INTERPRETATIONS OR SENSORY CHANGES AND HALLUCINATIONS, THEN OBTAIN AS FULL AN ACCOUNT OF THE PHENOMENA AS THE PARENT IS ABLE TO PROVIDE, AND COMPLETE "TEMPORAL CO-OCCURRENCE" AND "THEMATIC CONSISTENCY". IF THERE IS NO EVIDENCE, SKIP TO "ANY MEDICATION TAKEN CONTINUE. OTHERWISE", (PAGE ERROR! BOOKMARK NOT DEFINED.).
Definitions and questions

PERCEPTUAL DISORDERS AND HALLUCINATIONS SCREEN

PSYCHOTIC ABNORMALITIES IN THOUGHT PROCESSES

DELUSIONS

Coding rules

PERCEPTUAL DISORDERS SCREEN POSITIVE

0 = No
2 = Yes

CJA2I01 Intensity

PSYCHOTIC ABNORMALITIES IN THOUGHT SCREEN POSITIVE

0 = No
2 = Yes

CJA3I01 Intensity

DELUSIONS SCREEN POSITIVE

0 = No
2 = Yes

CJA4I01 Intensity
## Changes in Perception

**Always write down an example of any symptom elicited**

### Déjà Vu/Deja Vécu

The subject has the feeling that s/he has seen or experienced and lived through the current situation before. The subject knows this feeling to be inaccurate.

**Déjà Vu/Deja Vécu**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
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<tbody>
<tr>
<td>CJB0I01</td>
<td>Intensity</td>
<td>0 = Absent, 2 = Present</td>
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<tr>
<td>CJB0F01</td>
<td>Frequency</td>
<td></td>
</tr>
<tr>
<td>CJB0D01</td>
<td>Duration</td>
<td></td>
</tr>
<tr>
<td>CJB0O01</td>
<td>Onset</td>
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### Jamais Vu/Jamais Vécu

The subject feels that a familiar situation is unfamiliar, but knows this feeling to be inaccurate.

**Jamais Vu/Jamais Vécu**

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
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<tbody>
<tr>
<td>CJB1I01</td>
<td>Intensity</td>
<td>0 = Absent, 2 = Present</td>
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<tr>
<td>CJB1F01</td>
<td>Frequency</td>
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<tr>
<td>CJB1D01</td>
<td>Duration</td>
<td></td>
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<tr>
<td>CJB1O01</td>
<td>Onset</td>
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</tbody>
</table>
**CHANGED PERCEPTION**

Include here any changes in perception such as heightened or dulled perception. The subject may complain that objects change in shape or size or color or that people change their appearances.

- **CHANGED PERCEPTION**
  - 0 = Absent
  - 2 = The symptom has quite clearly and definitely been present during the past 3 months, even if briefly.

- **HEIGHTENED PERCEPTION**
  - 0 = Absent
  - 2 = The symptom has quite clearly and definitely been present during the past 3 months, even if briefly.

- **DULLED PERCEPTION**
  - 0 = Absent
  - 2 = The symptom has quite clearly and definitely been present during the past 3 months, even if briefly.

- **OTHER CHANGED PERCEPTION**
  - 0 = Absent
  - 2 = The symptom has quite clearly and definitely been present during the past 3 months, even if briefly.

**CJB2I99**
Intensity

**CJB2I01**

**CJB2I02**

**CJB2I03**

**CJB2F01**
Frequency

**CJB2D01**
Duration

**CJB2O01**
Onset

/ /
### Definitions and questions

**CHANGED PERCEPTION OF TIME**

The subject's perception of time seems to change, so that events appear to move very slowly or very rapidly or to change their tempo or to be completely timeless. Time may appear to stop altogether.

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
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</thead>
</table>
| **CHANGED PERCEPTION OF TIME** | CJB3I01
Intensity |
| 0 = Absent | CJB3F01
Frequency |
| 2 = The symptom has quite clearly and definitely been present during the past 3 months, even if briefly. | CJB3D01
Duration |
| HOURS : MINUTES | CJB3O01
Onset |

| 0 = Absent | / / |

### DELUSIONAL MOOD

The subject that his/her familiar environment has changed in a way that puzzles him/her and which s/he may not be able to describe clearly. The feeling often accompanies delusion formation.

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
</table>
| **DELUSIONAL MOOD** | CJB4I01
Intensity |
| 0 = Absent | CJB4D01
Duration |
| 2 = The subject definitely describes symptom, but no delusions have actually been formulated, though the subject may feel various delusional explanations are possible. | CJB4O01
Onset |
<p>| 3 = Delusional crystallization has been present during the past 3 months. | / / |</p>
<table>
<thead>
<tr>
<th>Definitions and questions</th>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HALUCINATIONS</strong></td>
<td></td>
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</tbody>
</table>
AUDITORY HALLUCINATIONS

ALWAYS WRITE DOWN EXAMPLES OF EACH SYMPTOM ELICITED

NON-VERBAL HALLUCINATIONS AND NON-SPECIFIC VERBAL HALLUCINATIONS

This symptom includes noises, other than words, that have no real origin in the world outside the subject but also have no explicable origin in bodily processes, and which the subject regards as separate from his/her own mental processes. Exclude any auditory hallucinations taking the form of recognized words.

NON-VERBAL HALLUCINATIONS AND NON-SPECIFIC VERBAL HALLUCINATIONS

0 = Absent
2 = Subject hears noises such as music, tapping, central heating noises, etc., or the subject hears whispering, muttering, or mumbling but cannot make out the words.
3 = The subject hears a voice, but not recognizable words other than his/her name being called.

HALLUCINATIONS SPECIFICALLY ASSOCIATED WITH BEREAVEMENT

The subject has recently (within the past 1 year) been bereaved and hears only the dead friend or relative. These hallucinations are often brief and may be comforting. The hallucinations must be confined to the voice or other sounds (e.g. footsteps) of the dead person, and they must have arisen following the death of that person in the last 12 months.

HALLUCINATIONS SPECIFICALLY ASSOCIATED WITH BEREAVEMENT

0 = No
2 = Yes
VERBAL HALLUCINATIONS SPOKEN ABOUT THE SUBJECT

This symptom includes only a voice or voices heard by the subject speaking about him/her, and therefore referring to him/her in the third person. Consciousness is clear.

VERBAL HALLUCINATIONS SPOKEN TO THE SUBJECT

This symptom includes only a voice or voices heard by the subject speaking directly to him/her. Consciousness is clear.

Coding rules

VERBAL HALLUCINATIONS SPOKEN ABOUT THE SUBJECT

0 = Absent
2 = Voice commenting on his/her thoughts or actions, and thus speaking about him/her in the third person.
3 = Voices talking to each other about him/her in the third person.

VERBAL HALLUCINATIONS SPOKEN TO THE SUBJECT

0 = Absent
2 = Tone and content are pleasant, supportive or neutral.
3 = Tone and content are hostile or threatening or accusatory.
### Definitions and questions

**LOCATION OF AUDITORY HALLUCINATIONS EXPERIENCES**

**TRUE AUDITORY HALLUCINATIONS**
Experience as occurring in the outside world.

**AUDITORY PSEUDOHALUCINATIONS**
Experienced as occurring in the subject's head or mind, but still has the other qualities of a perception.

(Both may be present)

### Coding rules

<table>
<thead>
<tr>
<th>TRUE AUDITORY HALLUCINATIONS</th>
<th>CJB9I01</th>
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<tbody>
<tr>
<td>0 = Absent</td>
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<table>
<thead>
<tr>
<th>AUDITORY HALLUCINATIONS</th>
<th>CJB9I02</th>
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<tr>
<td>0 = Absent</td>
<td></td>
</tr>
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<td>2 = Present</td>
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</table>
Definitions and questions

**VISUAL HALLUCINATIONS**

*ALWAYS WRITE DOWN AN EXAMPLE OF ANY SYMPTOM ELICITED*

**VISUAL HALLUCINATIONS IN CLEAR CONSCIOUSNESS**

Consciousness is clear. The vision may appear to be in the external world (true hallucinations) or within the subject's own mind (pseudohallucinations).

**VISUAL HALLUCINATIONS SPECIFICALLY ASSOCIATED WITH BEREAVEMENT**

The subject has recently (within the past 1 year) been bereaved and sees only the dead friend or relative. These hallucinations are often brief and may be comforting. The hallucinations must be confined to sight of the dead person, and they must have arisen following the death of that person during the last 12 months.

Coding rules

**VISUAL HALLUCINATIONS IN CLEAR CONSCIOUSNESS**

- 0 = Absent
- 2 = Subject simply sees formless image, shadows or colored lights.
- 3 = Subject sees objects, people, images that other people cannot see.

**HALUCINATIONS SPECIFICALLY ASSOCIATED WITH BEREAVEMENT**

- 0 = Absent
- 2 = Present

**HOURS : MINUTES**

-CJC0101 Intensity
-CJC1F01 Frequency
-CJC1D01 Onset
-CJC1O01 Onset
**Definitions and questions**

**LOCATION OF VISUAL HALLUCINATORY EXPERIENCES**

**TRUE VISUAL HALLUCINATIONS**

Experienced as occurring in the outside world in clear consciousness.

**VISUAL PSEUDOHALUCINATIONS**

Experienced as occurring inside the subject's head or mind but still has the other qualities of a perception. In clear consciousness.

**HALLUCINATIONS OCCURRING ONLY AS PART OF A SEIZURE**

The subject may have almost any variety of visual experience from complete scenes witnessed as on a stage or flashes of light. Small animals are not particularly characteristic. The hallucinations must be confined to the period during or immediately after an epileptic fit.

**HALLUCINATIONS OCCURRING ONLY IN A CLOUDED SENSORIUM**

The hallucinations are strictly confined to a period of high fever or illness or post-traumatic confusion when the subject has clouding of consciousness.

**Coding rules**

**TRUE VISUAL HALLUCINATIONS**

<table>
<thead>
<tr>
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**VISUAL PSEUDOHALUCINATIONS**

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**HALLUCINATIONS OCCURRING ONLY AS PART OF A SEIZURE**

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**HALLUCINATIONS OCCURRING ONLY IN A CLOUDED SENSORIUM**

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</table>
OTHER HALLUCINATIONS

WRITE DOWN AN EXAMPLE OF ANY SYMPTOM ELICITED

OLFACTORY HALLUCINATIONS AND DELUSIONS

The subject has a hallucination that involves smelling something that other people cannot smell. Be sure that there is no more obvious cause such as sinusitis, or a misinterpretation of a smell that really is present.

OLFACTORY HALLUCINATIONS AND DELUSIONS

0 = Absent

2 = Simple olfactory hallucinations, such as a smell of orange peel or perfume, or a smell of "death" or burning that other people cannot smell.

3 = The experience is delusionally elaborated, e.g. the subject not only smells gas but thinks that gas is deliberately being let into the room.
**Definitions and questions**

**DELUSION THAT SUBJECT SMELLS**
Subject believes s/he gives off a smell (that others can smell).

Do not include simple preoccupation with body odor, e.g., in an anxious subject who sweats a lot.

**OTHER HALLUCINATIONS INCLUDING TACTILE HALLUCINATIONS AND DELUSIONAL ELABORATIONS**
Refers to hallucinations that are other than auditory, visual, or olfactory - e.g. food tastes burnt or acidy, something seems to touch subjects, ants seem to crawl over skin.

Exclude other obvious explanations for the experience.

**Coding rules**

**DELUSION THAT SUBJECT SMELLS**

0 = Abstract

2 = Subject is uncertain, or simply thinks it possible.

3 = Subject is certain that s/he gives off a smell and that others notice it and react accordingly.

**OTHER HALLUCINATIONS**

0 = Absent

2 = The subject does not delusionally elaborate.

3 = There is delusional elaboration.
THOUGHT INTRUSION/INSERTION
The essence of the symptom is that the subject experiences thoughts that are not his/her own, intruding into his/her mind. The symptom is not that s/he has been caused to have unusual thoughts but that the thoughts themselves are not his/hers.

0 = Absent
2 = In very rare instances, the subject may postulate that they came from his/her own unconscious mind - while still consciously experiencing them as alien.
3 = In the most typical case, the alien thoughts are said to have been inserted into the mind from outside, by means of radar or telepathy or some other means.

THOUGHT BROADCAST OR THOUGHT SHARING
Thought broadcasting is only rated when the subject actually experiences his/her thoughts being shared by others.

If thoughts are repeated, rate as "Thought Echo".

0 = Absent
2 = Subject says that his/her own thoughts seem to sound "aloud" in his/her head, almost as though someone standing nearby could hear them.
3 = Subject experiences his/her thoughts actually being shared with others.

THOUGHT ECHO OR COMMENTARY
The subject experiences his/her own thoughts as being repeated or echoed (not just spoken aloud) with very little interval between the original and the echo.

0 = Absent
2 = Repetition may not be a simple echo, however, but subtly or grossly changed in quality.
3 = Subject experiences alien thoughts in association with his/her own, or as comments upon his/her own. (Not hallucinations)

THOUGHT BLOCK OR THOUGHT WITHDRAWAL
The subject experiences a sudden stopping of his/her thoughts, quite unexpectedly while they are flowing freely, and in the absence of anxiety. When it occurs it is fairly dramatic and it happens on several occasions.

0 = Absent
2 = Subject just experiences a sudden stopping of his/her thoughts.
3 = The subject is unable to describe pure thought block, but it is very recognizable in the form of an explanatory delusion of thought withdrawal.
DELUSIONS OF THOUGHTS BEING READ

Usually an explanatory delusion, often occurring with Delusions of Reference of Misinterpretation which require some explanation of how other people know so much about subject's future movements. It may be an elaborate Thought Broadcast, Thought Insertion, Auditory Hallucinations, Delusions of Control, Delusions of Persecution, or Delusions of Influence.

Do not mistake it for Thought Insertion or Thought Broadcast, which are diagnostically more important symptoms.

Exclude those who think that people can read their thoughts as a result of belonging to a group that practices "thought reading".

DELUSIONS OF CONTROL

The subject's will is replaced by that of some external agency. A simple statement that the subject is "being controlled" is not sufficient, the subject must describe a replacement of will by some other force.

Do not include feeling that life is planned and directed by fate, or that the future is already present in embryo, or that subject is not very strong-willed, or that voices give subject orders. Do not include simple identification with God or being under God's Direction.

Do not include subculture or hysterical possession states or multiple personality.

DELUSIONS OF REFERENCE

Delusion that people or situations or broadcasts make special reference to the subject. There must be elaborate, e.g. someone crosses their knees in order to indicate that the subject in homosexual, or the whole neighborhood is gossiping.

Include Delusions of Misinterpretation and Misidentification: Situations appear to be deliberately created to test the subject (exclude situations of medical treatment), or objects to have special meaning.
**DELUSIONS OF PERSECUTION**
The subject believes that someone, or some organization, or some force or power, is trying to harm him/her in some way; to damage his/her reputation, to cause him/her bodily injury, to drive him/her mad or to bring about his/her death.

**DELUSIONS OF ASSISTANCE**
The subject believes that someone, or some organization, or some force or power, is trying to help him/her.

**DELUSIONS OF GUILT**
The subject believes s/he has brought ruin to his/her family, or others by being in his/her present condition or that his/her symptoms are a punishment for not doing better.

Distinguish from pathological guilt without delusional elaboration, in which the subject is in general aware that the guilt originates within him/herself and is exaggerated.

**DELUSIONS OF DEPERSONALIZATION OR NIHILISM**
The subject has a strong feeling as if he had no brain, hollow within his skull, no thoughts in his head, etc.

**HYPOCHONDRIACAL DELUSIONS**
The subject feels that his/her body is unhealthy, rotten or diseased, and can only be reassured for a short while that this is not the case.
Definitions and questions

**SIMPLE DELUSIONS CONCERNING APPEARANCE**

The subject has a delusional belief that something is wrong with his/her appearance. There may only be one particular complaint but there is no elaboration of any kind. Exclude self-consciousness, concern about real skin disease, e.g., acne, etc.

Differentiate from Depersonalizing and Delusions of Depersonalization.

Differentiate from the body image disturbance of Anorexia Nervosa, which relates specifically to a misperception of fatness.

**DELUSIONS OF GRANDIOSE ABILITY OR IDENTITY**

The subject thinks s/he is chosen by some power, or by destiny for a special mission or purpose, because of his/her unusual talents; or the subject believes s/he is famous, rich, a pop star, or super-hero, titled or related to prominent people.

**DELUSIONAL EXPLANATIONS**

Include here any delusional explanation or elaboration of other abnormal experiences, e.g., explanations of Thought Broadcast in terms of occult phenomena.

**PRIMARY DELUSIONS**

Primary delusions are based upon sensory experience (delusional perceptions) in which a subject suddenly becomes convinced that a particular set of events has a special meaning.

Coding rules

**SIMPLE DELUSION CONCERNING APPEARANCE**  

- 0 = Absent  
- 2 = Partial delusion  
- 3 = Full delusional conviction

**DELUSIONS OF GRANDIOSE ABILITY OR IDENTITY**

- 0 = Absent  
- 2 = Partial delusion  
- 3 = Full delusional conviction

**DELUSIONAL EXPLANATIONS**

- 0 = Absent  
- 2 = Partial delusion  
- 3 = Full delusional conviction

**PRIMARY DELUSIONS**

- 0 = Absent  
- 2 = It will rarely be necessary to rate primary delusions as partial since they usually enter the mind with full conviction.  
- 3 = Full delusional conviction.
**Definitions and questions**

**DELUSIONAL MATERIAL NOT SPECIFIED ELSEWHERE**
E.g. morbid jealousy or delusions of pregnancy.

Question as appropriate, if subject's answers to earlier questions suggest these or other delusions not already coded.

**ONSET OF DELUSIONS**
Code date of onset of first delusional experience.

**Coding rules**

**DELUSIONAL MATERIAL NOT SPECIFIED ELSEWHERE**

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
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<tr>
<td>2</td>
<td>Partial delusion</td>
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<tr>
<td>3</td>
<td>Full delusional conviction</td>
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**ANY DELUSIONS PRESENT**

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<tr>
<td>2</td>
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GENERAL RATINGS OF DELUSIONS AND HALLUCINATIONS

CONSIDER BOTH DELUSIONS AND HALLUCINATIONS IN THE FOLLOWING RATINGS

SYSTEMATIZATION OF DELUSIONS AND HALLUCINATIONS

SYSTEMATIZATION OF DELUSIONS AND HALLUCINATIONS

0 = Delusions and hallucinations not elaborated into a general system affecting much of the subject's experience, including encapsulated delusions or isolated hallucinations.

2 = Some systematic elaboration but substantial areas of the subject's experience are not affected.

3 = Subject interprets practically all experience in delusional terms.

PEOCCUPATION WITH DELUSIONS AND HALLUCINATIONS

0 = Absent

2 = At least sometimes uncontrollably preoccupied with delusions or hallucinations in at least 2 activities.

3 = Uncontrollably preoccupied with delusions or hallucinations in most activities.

ACTING UPON DELUSIONS OR HALLUCINATIONS

0 = Absent

2 = The subject has acted upon the delusions or hallucinations during the past 3 months or expressed them in public (i.e., outside the small circle of people who would be expected to be sympathetic). This has not, however, resulted in severe social crisis.

3 = As above, but the acting out, or public expression, has resulted in severe social disturbance or a social crisis, e.g., the subject has attacked a stranger at the command of an hallucinatory voice.
THEMATIC CONSISTENCY OF DELUSIONS OR HALLUCINATIONS WITH MOOD DISORDER
Extent to which contents of the delusions or hallucinations are consistent with either Elated or Depressed Mood.

TEMPORAL, CO-OCCURRENCE OF DELUSIONS OR HALLUCINATIONS WITH MOOD DISORDER
Extent, onset, and course of delusions or hallucinations are temporally related to the onset and course of mood disorder.

When you were (in psychotic state), were you miserable or depressed?
Was your mood affected in any other way?
Were you always like that when you were (in psychotic state)?
INCAPACITY SECTION

REVIEW BRIEFLY WITH THE SUBJECT THE AREAS WHERE PROBLEMS OR SYMPTOMS HAVE EMERGED DURING THE INTERVIEW. TAKING ONE AREA AT A TIME, REVIEW THE AREAS OF SYMPTOMATOLOGY TO DETERMINE WHETHER SYMPTOMS IN THAT AREA HAVE CAUSED INCAPACITY. USE THIS, AND INFORMATION COLLECTED THROUGHOUT THE INTERVIEW, TO COMPLETE THE INCAPACITY RATINGS. REMEMBER, YOU NEED ONLY TO ASK THE SPECIFIC QUESTIONS IF YOU HAVE NOT ALREADY COLLECTED THE INFORMATION WHILE COVERING THE APPROPRIATE SYMPTOM SECTION. IF INCAPACITY IS PRESENT FIND OUT WHEN IT BEGAN. REMEMBER TO OBTAIN SEPARATE TIMINGS FOR THE ONSET OF PARTIAL AND SEVERE INCAPACITIES.

SUMMARY OF RULES FOR RATING INCAPACITY

IMPAIRMENT/INCAPACITY

Two levels of disturbance or impaired functioning are distinguished:

Partial Incapacity; refers to a notable reduction of function in a particular area. If a person is still able to do things, but does them less well, or more slowly, then code as a Partial Incapacity.

Severe Incapacity; refers to a complete, or almost complete, inability to function in a particular area.

With the exception of the lifelong symptoms mentioned below, most incapacities require a decrement or change in functioning. The decrement can predate the primary period but must still be present during the primary period.

SYMPTOM DEPENDENCE
For incapacity to be rated it must arise demonstrably from the presence of some particular symptoms or disordered behaviors. For instance, a child who has lost friends because her mother would not allow her to associate with them, would not have that loss of friends rated as an incapacity here. Although, of course, it might have had crippling effects on her social life, it would not count as an incapacity because it was not secondary to any psychopathology of the child. However, it would count if the child was too frightened to leave the house and lost her friends because of it.

The specific area of psychopathology responsible for the secondary incapacity should be noted. It is not enough to record that a child was incapacitated in certain ways and that the child had certain psychopathological problems. The incapacity must be linked to the problems that seem to have generated it. Often this is difficult when children have multiple problems and incapacities, but the attempt should be made nevertheless. However, this does not mean that a particular incapacity has to be assigned to one single problem. It will sometimes be the case that several symptoms of different types will contribute to a particular incapacity. When this is the case, each contributing problem area should be recorded.

It follows that if an incapacity is to be seen as being secondary to other symptoms, then those other symptoms must have been present before the onset of that incapacity. They must also have resulted in a fall-off from a previous level of attainment or proficiency if they are to be regarded as having resulted in an incapacity. Thus a child who had previously been able to function well enough in class might show a reduced ability to participate in group activities, because he felt too miserable to do so. This would be regarded as an incapacity secondary to the affective symptoms. On the other if a child had always been unable to participate in group activities and later became depressed, an incapacity, secondary to depression, would be recorded only if his capacity to participate in group activities suffered a further decrement from its already low level. If there had been no further decrement, an incapacity in relation to depression would not be recorded.
LIFELONG SYMPTOMS/BEHAVIORS

In the case of symptoms that have been present throughout life, it will be impossible to show a decrement secondary to the symptoms, because both the symptoms and the putative incapacity will have been present simultaneously. In this situation, provided always that the incapacity can be directly related to the symptoms, it is acceptable to rate it as such. An example might be the social incapacities of a hyperactive child who had always shown such behavior from his earliest years and thus always had disturbed peer relationships.

SITUATION NOT ENTERED

If the subject has not entered a particular social situation (e.g. daycare/school) during the preceding three months, but there is clear evidence from past experience that incapacity would have been manifested had s/he been in the situation (e.g. discordant peer relationships would have been present) then that incapacity is rated as being present, and its date of onset should be determined. The intensity rating should not be higher than the previously actually occurring highest intensity. Quite often in such a situation, the incapacity will have been contributory to the failure to enter the social situation under consideration.

The incapacitating effects of the psychopathology do not have to be directly due to the behavior of the child but may be mediated by others. For instance, if a boy were excluded from school for constant fighting and trouble making, that would be counted as an incapacitation of school performance just as much as if the child had failed to attend because of his own anxiety about leaving home.

ONSETS
The rules for dating the onset of incapacities are essentially the same as those for dating symptom onsets. That is, the decision is first made as to whether or not a particular incapacity was present during the 3 month primary period. If it was, then its onset is coded as the date it appeared at the minimum criterion level required by the glossary definition. Once again, there is a proviso that if the incapacity has been present only intermittently, the onset is dated from when the incapacity began again following the last period of one year (or longer) without incapacity. The dates of exacerbations from partial to complete incapacity are also recorded.

Even if a child did not code for any problems in the a particular section of the PAPA, the Incapacity section can not be skipped. If you have enough information, not every question needs to be asked.

**TREATMENT**

Referrals to professional agencies or professional concerned with child's symptoms or behavior.

Note the name of the site where treatment was received and the professionals seen.

Treatment may be coded even if symptoms did not code in the PAPA.
**PARENTAL RELATIONSHIPS - PARENT #1**

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

**WITHDRAWAL**: Incapacity involving refusal or inability to be involved with, or talk to, parent.

**DISCORD**: Incapacity involving aggression, arguments, fights, or disruptive behavior.

*Does it affect how you get along with your "parent"?*

*How?*
*What does s/he do about it?*
*What do you do about it?*
*Does it cause any arguments?*
*Can you tell me about the last time it did?*

---

**Coding rules**

**PROBLEMS WITH PARENTAL RELATIONSHIPS - PARENT #1**

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**WITHDRAWAL**

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**DISCORD**

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**SYMPTOM AREAS CAUSING INCAPACITY**

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<th>Symptom Area</th>
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<tr>
<td>School Non-Attendance</td>
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<tr>
<td>Separation Anxiety</td>
<td>CMA0X04</td>
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<td>Worries/Anxieties</td>
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<td>Obsessions/Compulsions</td>
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<td>Depression</td>
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<td>Mania</td>
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<td>Physical Symptoms</td>
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<td>Food-Related Behavior</td>
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<tr>
<td>Hyperactivity</td>
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<td>Conduct</td>
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<td>Psychosis</td>
<td>CMA0X08</td>
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<td>Relationships with Other Adults</td>
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<td>Sibling Relationships</td>
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<td>Peer Relationships</td>
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<tr>
<td>Life Events/Post-Traumatic Stress</td>
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</tr>
<tr>
<td>Alcohol/Drugs</td>
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Incapacity Ratings

### Definitions and questions

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<th>Coding rules</th>
<th>Codes</th>
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<td>CMA0X21</td>
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<tr>
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- **ONSET OF FIRST PARTIAL INCAPACITY**: CMA0001
- **ONSET OF FIRST SEVERE INCAPACITY**: CMA0002
PARENTAL RELATIONSHIPS - PARENT #2

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does it affect how you along with "other parent"? How?
What does "other parent" do about it?
What do you do about it?
Does it cause any arguments?
Can you tell me about the last time it did?

Incapacity Ratings
Definitions and questions

CMA1X13
CMA1X14
CMA1X15
CMA1X16
CMA1X17
CMA1X18
CMA1X19
CMA1X20
CMA1X21
CMA1X22

Coding rules

ONSET OF FIRST PARTIAL INCAPACITY
CMA1O01

ONSET OF FIRST SEVERE INCAPACITY
CMA1O02

Codes
PARENTAL RELATIONSHIPS - OTHER PARENT #1

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does it affect how you along with "Other Parent #1"?

How?
What does s/he do about it?
What do you do about it?
Does it cause any arguments?
Can you tell me about the last time it did?
Definitions and questions

CMA2X13
CMA2X14
CMA2X15
CMA2X16
CMA2X17
CMA2X18
CMA2X19
CMA2X20
CMA2X21
CMA2X22

Coding rules

ONSET OF FIRST PARTIAL INCAPACITY
CMA2O01
/
/

ONSET OF FIRST SEVERE INCAPACITY
CMA2O02
/
/
**PARENTAL RELATIONSHIPS - OTHER PARENT #2**

A child should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. The number of arguments or fights that a subject is involved in is rated separately. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

**Does it affect how you get along with "Other Parent #2"?**

*How?*
*What does "other parent" do about it?*
*What do you do about it?*
*Does it cause any arguments?*
*Can you tell me about the last time it did?*
Incapacity Ratings

IF NO CHILDREN IN HOUSEHOLD, SKIP TO "SIBLING RELATIONSHIPS: OUT OF HOME", (PAGE 15).
Definitions and questions

SIBLING RELATIONSHIPS: IN HOME
A child should be able to live in reasonable harmony with a sibling or siblings. Some arguments and fights are to be expected, but harmonious conversations and interactions should predominate. They should not be in constant jealous competition for attention or parental time. A change in relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does it affect how you along with (brothers and sisters)?

How?
What do they do about it?
What do you do?
Does it create any arguments?
Can you tell me about the last time it did?

Incapacity Ratings

PROBLEMS WITH SIBLING RELATIONSHIPS - IN HOME

WITHDRAWAL
0 = Absent
2 = Partial Incapacity.
3 = Severe Incapacity.

DISCORD
0 = Absent
2 = Partial Incapacity.
3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY
1 = School Non-Attendance
2 = Separation Anxiety
3 = Worries/Anxieties
4 = Obsessions/Compulsions
5 = Depression
6 = Mania
7 = Physical Symptoms
8 = Food-Related Behavior
9 = Hyperactivity
13 = Conduct
14 = Psychosis
15 = Relationships with Parent #1 and/or Parent #2
16 = Relationships with Other Parent #1 and/or Other Parent #2
17 = Relationships with Other Adults
18 = Sibling Relationships
19 = Peer Relationships
20 = Life Events/Post-Traumatic Stress
21 = Alcohol/Drugs
Definitions and questions

ONSET OF FIRST PARTIAL INCAPACITY
CMA4O01

ONSET OF FIRST SEVERE INCAPACITY
CMA4O02

Coding rules

Codes

CMA4X13
CMA4X14
CMA4X15
CMA4X16
CMA4X17
CMA4X18
CMA4X19
CMA4X20
CMA4X21
CMA4X22

IF NO SIBLINGS OUT OF HOME, SKIP TO "CHORES", (PAGE 18).

FOR REVIEW ONLY

FOR REVIEW ONLY
Definitions and questions

**SIBLING RELATIONSHIPS: OUT OF HOME**

A child should be able to live in reasonable harmony with a sibling or siblings. Some arguments and fights are to be expected, but harmonious conversations and interactions should predominate. They should not be in constant jealous competition for attention or parental time. A change in relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

**WITHDRAWAL**: Incapacity involving refusal or inability to be involved with, or talk to, parent.

**DISCORD**: Incapacity involving aggression, arguments, fights, or disruptive behavior

*Does it affect how you along with (brothers and/or sisters) who don’t live at home?*

*How?*

*What do they do about it?*

*What do you do about it?*

*Does it create any arguments?*

*Can you tell me about the last time?*

---

### Incapacity Ratings

#### PROBLEMS WITH SIBLING RELATIONSHIP - OUT OF HOME

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#### WITHDRAWAL

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#### DISCORD

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#### SYMPTOM AREAS CAUSING INCAPACITY

1. School Non-Attendance | CMA5X09
2. Separation Anxiety | CMA5X10
3. Worries/Anxieties | CMA5X11
4. Obsessions/Compulsions | CMA5X12
5. Depression | CMA5X13
6. Mania | CMA5X14
7. Physical Symptoms | CMA5X15
8. Food-Related Behavior | CMA5X16
9. Hyperactivity | CMA5X17
10. Conduct | CMA5X18
11. Psychosis | CMA5X19
12. Relationships with Parent #1 and/or Parent #2 | CMA5X20
13. Relationships with Other Parent #1 and/or Other Parent #2 | CMA5X21
14. Relationships with Other Adults | CMA5X22
15. Sibling Relationships | CMA5X23
16. Peer Relationships | CMA5X24
17. Life Events/Post-Traumatic Stress | CMA5X25
18. Alcohol/Drugs | CMA5X26

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FOR REVIEW ONLY
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SELF CARE
A child should be able to keep him/herself clean and tidy to a degree consonant with his/her age.

The reduction in level of self-care must be marked enough to have led to visible or smellable changes, or to require unusual perental efforts to maintain appearance.

What about keeping yourself clean and tidy? Has that been affected at all?

How long has it been affected? What is it that makes it hard for you to keep yourself clean and tidy?

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SYMPTOM AREAS CAUSING INCAPACITY

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<tr>
<td>21 = Alcohol/Drugs</td>
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ONSET OF FIRST PARTIAL INCAPACITY - SELF CARE

ONSET OF FIRST SEVERE INCAPACITY
CHORES
A child should be able to perform reasonable work tasks expected of him/her at home, such as keeping the bedroom tidy, helping out around the house and yard. Remember that in most cases a decrement in ability or willingness to perform the tasks is required for an incapacity to be noted.

What about the jobs you have to do at home?

Like chores?
Has it affected you at home at all?

In what way?
Are there any things that you can’t do properly or that you’ve stopped doing because of (the way you’ve been feeling)?

Would it make a difference if s/he didn’t...(have symptoms)?

What difference would it make?
How do you know that it’s...(symptom)...that causes the trouble?
### Definitions and questions

### Coding rules

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<th>Codes</th>
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For review only.
HOMEWORK

A child should be able to do reasonable homework assignments at home. Remember that in most cases a decrement in ability or willingness to perform the tasks is required for an incapacity to be noted.

What about doing your homework?

Has it affected you at all?

In what way?
Are there any things that you can’t do properly or that you’ve stopped doing because of (the way you’ve been feeling)?

Would it make a difference if you didn’t...(have symptoms)?

How do you know that it's...(symptom)...that causes the trouble?
What difference would it make?

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Incapacity Ratings
**Definitions and questions**

**LEAVING HOUSE**

A child should be able to leave his/her house without difficulty. Obviously the range of activities that might induce a child to go outside the house varies widely with age, and judgment must be used in deciding what is consonant with the child's developmental stage.

*Does...(symptom)...make it hard for you to leave the house?*

**Coding rules**

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**SYMPTOM AREAS CAUSING INCAPACITY**

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**Incacity Ratings**

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Definitions and questions

SCHOOL LIFE

SCHOOL PERFORMANCE

Deterioration in behavior or ability to participate in school/daycare routines (e.g. circle time, rest time, story time) is considered to be evidence of an incapacity. A description of things that the child used to be able to do but can no longer is required for a rating here; do not include children whose low intelligence limits their ability to perform at daycare/school and have, therefore, always had poor results.

However, a child that has never been able to perform due to hyperactivity or chronic conduct problems would code if it is clear that these problems contribute to difficulties with school performance.

What about at school, does it affect how you get along there?

Or affect how well you can do your lessons?

How? Can you tell me about the last time that it did?

Incapacity Ratings

Coding rules

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SYMPTOM AREAS CAUSING INCAPACITY

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FOR REVIEW ONLY
### Incapacity Ratings

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**SCHOOL SUSPENSION**  
Exclusion from school for any length of time.

*Have you ever been suspended from daycare/school?*  
*Has it happened in the last three months?*

**Coding rules**

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**Intensity**

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**SUSPENSION IN LAST 3 MONTHS**

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**DURATION OF LONGEST SUSPENSION IN LAST 3 MONTHS (IN DAYS)**

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**SYMPTOM AREAS CAUSING INCAPACITY**

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**IN-SCHOOL SUSPENSION**
Exclusion from school for any length of time.

*Have you ever been suspended in school?*

*Has it happened in the last three months?*

---

**IN-SUSPENSION**
0 = Absent
2 = Present

**SUSPENSION IN LAST 3 MONTHS**
0 = Absent
2 = Present

**DURATION OF LONGEST SUSPENSION IN LAST 3 MONTHS (IN DAYS)**

**SYMPTOM AREAS CAUSING INCAPACITY**
1 = School Non-Attendance
2 = Separation Anxiety
3 = Worries/Anxieties
4 = Obsessions/Compulsions
5 = Depression
6 = Mania
7 = Physical Symptoms
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### Definitions and questions

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**SCHOOL EXPULSION**
Expulsion from daycare/school or asked to withdraw voluntarily.

*Have you ever been expelled from school?*
*Has that happened in the last three months?*
TEACHER RELATIONSHIPS

A deterioration in a child's relationships with his/her daycare providers/teachers is regarded as an incapacity. The need to use increasing levels of disciplinary action, or a withdrawal from contact with caregivers with whom the child has previously had good relationships, is evidence of disturbance here. Include all nonparental caregivers (e.g. nanny) identified in the child care sections.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with or talk to teachers.

DISCORD: Incapacity involving aggression, arguments, fights or disruptive behavior.

*Does it affect how s/he gets along with the teachers?*

*How?*

*Can you tell me about the last time that it did?*

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### PROBLEMS WITH DAYCARE PROVIDER/TEACHER RELATIONSHIPS

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### Incapacity Ratings

- 0 = Absent
- 2 = Partial Incapacity
- 3 = Severe Incapacity
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PEER RELATIONSHIPS AT SCHOOL

Children should be able to form mutually interested relationships and to undertake activities together (playing, chatting constitute activities in this setting). The loss of friends or withdrawal from peer activities indicates incapacity in this area.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with or talk to peers.

DISCORD: Incapacity involving aggressions, arguments, fights or disruptive behavior.

What about how you get along with other children at school; does it affect that?

What about your friends at school?

Has it made you see friends less than you used to? Or try to avoid them?

Or do they seem to want to do things with you less than they used to?

Why is that?

PROBLEMS WITH PEER RELATIONSHIPS AT DAYCARE/SCHOOL

0 = Absent
2 = Present

WITHDRAWAL

0 = Absent
2 = Partial Incapacity.
3 = Severe Incapacity.

DISCORD

0 = Absent
2 = Partial Incapacity.
3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

1 = School Non-Attendance
2 = Separation Anxiety
3 = Worries/Anxieties
4 = Obsessions/Compulsions
5 = Depression
6 = Mania
7 = Physical Symptoms
8 = Food-Related Behavior
9 = Hyperactivity
13 = Conduct
14 = Psychosis
15 = Relationships with Parent #1 and/or Parent #2
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**ONSET OF FIRST PARTIAL INCAPACITY**

CMB5O01

**ONSET OF FIRST SEVERE INCAPACITY**

CMB5O02
SPARE TIME ACTIVITIES
Reduction of spontaneous play by at least one third and to a degree outside their normal range of variation. Care should be taken to ensure that the subject has not lost interest in an activity for no particular reason. That is to say that the reduction in involvement must clearly be a response to some symptomatology.

Play here includes many activities: imaginary play; playing with dolls, cars, trains; outdoor play; playing on computer/gameboy/nintendo, etc.

Does it affect what you do in your spare time?
For example, has this made it difficult to (refer to subject's interests/hobbies/leisure activities)?

SPARE TIME ACTIVITIES
0 = Absent
2 = Partial incapacity.
3 = Severe incapacity.

SYMPTOM AREAS CAUSING INCAPACITY
1 = School Non-Attendance
2 = Separation Anxiety
3 = Worries/Anxieties
4 = Obsessions/Compulsions
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</table>
RELATIONSHIPS WITH ADULTS IN SPARE TIME ACTIVITIES

Both withdrawal from such relationships and disturbances of their harmony are evidence to be borne on mind for the purposes of a rating here.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with or talk to adults.

DISCORD: Incapacity involving aggression, arguments, fights or disruptive behavior.

Does it affect how you get along with other people outside the home or school - such as neighbors...or people at (youth club, etc.)?

Who?
How?
Can you tell me about the last time that it did?
Has it made you see less of other adults?
Or try to avoid them?
Or do they treat you differently?
Why?

PROBLEMS WITH RELATIONSHIPS WITH ADULTS OUTSIDE THE HOME OR DAYCARE/SCHOOL

CMB7I90
Intensity
0 = Absent
2 = Present

WITHDRAWAL

CMB7I01
0 = Absent
2 = Partial Incapacity.
3 = Severe Incapacity.

DISCORD

CMB7I02
0 = Absent
2 = Partial Incapacity.
3 = Severe Incapacity.

SYMPTOM AREAS CAUSING INCAPACITY

CMB7X03
1 = School Non-Attendance
2 = Separation Anxiety
3 = Worries/Anxieties
4 = Obsessions/Compulsions
5 = Depression
6 = Mania
7 = Physical Symptoms
8 = Food-Related Behavior
9 = Hyperactivity
13 = Conduct
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### RELATIONSHIPS WITH PEERS

Children should be able to form mutually interested relationships and to undertake activities together (chatter and playing constitute activities in this setting). The loss of friends or withdrawal from peer activities indicates incapacity in this area.

**WITHDRAWAL**: Incapacity involving refusal or inability to be involved with or talk to peers.

**DISCORD**: Incapacity involving aggression, arguments, fights or disruptive behavior.

*Has it affected how you get along with friends at all - I mean outside school?*

*How?*
*Can you tell me more about the last time that it did?*
*Has it made you see less of your friend(s) than you used to?*
*Why is that?*
*What about with other children/young people in your neighborhood?*

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<td>Food-Related Behavior</td>
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<td>Alcohol/Drugs</td>
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</table>

### Problem with Peer Relationships

**WITHDRAWAL**: Incapacity involving refusal or inability to be involved with or talk to peers.

**DISCORD**: Incapacity involving aggression, arguments, fights or disruptive behavior.

*Has it affected how you get along with friends at all - I mean outside school?*

*How?*
*Can you tell me more about the last time that it did?*
*Has it made you see less of your friend(s) than you used to?*
*Why is that?*
*What about with other children/young people in your neighborhood?*
### Definitions and questions

#### Incapacity Ratings

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### Coding rules

**FOR REVIEW ONLY**

### Codes

**FOR REVIEW ONLY**
**EMPLOYMENT**

Many adolescents have jobs, and they may prove unable to perform these jobs adequately as a result of psychopathology, in which case an incapacity should be recorded as being present as a result of that psychopathology. Their performance of the job must actually be substandard to some degree. It is not enough that the subject should simply describe it as being more difficult or tiring.

**Do you have a job?**

**Has that been affected at all?**

<table>
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<tr>
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<th>DISCORD</th>
<th>SYMPTOM AREAS CAUSING INCAPACITY</th>
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**MEDICATION**

Any medication prescribed by a medical practitioner (either mainstream or alternative) or given by parents or guardian. Do not include analgesics taken less than once per week for sporadic headaches, etc. However, such drugs should be included if they are taken more regularly than this.

Note: Type and daily dose if known for any medication mentioned.

Are you on any medication?
Or tablets?
Or anything from your doctor?
What?
What is that?

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<th><strong>MEDICATION</strong></th>
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### Definitions and questions

#### Coding rules

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#### Codes

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</table>

**IF ANY MEDICATION TAKEN CONTINUE. OTHERWISE, SKIP TO "OFFSETS", (PAGE 53).**
**MEDICATION - RX 1**

*Which medication are you on?*

*How many milligrams do you take?*

NUMBER OF DOSES AT THIS NUMBER OF MG. IN 24 HOURS.

IF DOSE VARIES WITHIN 24 HOURS, ASK:

DATE MEDICATION STARTED.

*Did the doctor explain what problem(s) and/or symptom(s) this medication was supposed to help?*

*What did the doctor say? (Record verbatim)*

*Did the Doctor mention any side effects that you need to watch out for?*

IF YES ASK:

*What are they?*

RECORD NUMBER OF SIDE EFFECTS MENTIONED BY PARENT.

*Have you experienced any side effects from this medicine?*

*How often do you return to the doctor's office to have your reaction to the medication checked?*

INTERVIEWER: I LOOKED AT THE MEDICATION BOTTLE.
Definitions and questions

Coding rules

Codes

Incapacity Ratings

46

36 = Zoloft

37 = Zyrtek

38 = Other Medication.

DOSE IN MG - RX 1

POAAX01

POAAF01

Frequency

DOSE IN MG - (IF VARIES WITHIN 24 HOURS) - RX 2

POAAX02

POAAF02

NUMBER OF DOSES AT THIS NUMBER OF MG IN 24 HOURS (IF VARIES WITHIN 24 HOURS) - RX 2

POAA001

Onset

/ / 

DOCTOR EXPLANATION

POAAX05

0 = No

2 = Yes

MENTION OF SIDE EFFECTS

POAAX07

0 = No

2 = Yes

NUMBER OF SIDE EFFECTS - RX 1

POAAX08

CHECKING REACTION TO MEDICATION

POAAX09

VIEWED MEDICATION BOTTLE

POAAX10

0 = No

2 = Yes
Definitions and questions

MEDICATION - RX 2
WHICH MEDICATION ARE YOU ON?

How many milligrams do you take?

NUMBER OF DOSES AT THIS NUMBER OF MG. IN 24 HOURS.

IF DOSE VARIES WITHIN 24 HOURS, ASK:
DATE MEDICATION STARTED.

Did the doctor explain what problem(s) and/or symptom(s) this medication was supposed to help?

What did the doctor say? (Record verbatim)

Did the Doctor mention any side effects that you need to watch out for?

IF YES ASK:

What are they?

RECORD NUMBER OF SIDE EFFECTS MENTIONED BY PARENT.

Have you experienced any side effects from this medicine?

How often do you return to the doctor's office to have your reaction to the medication checked?

INTERVIEWER: I LOOKED AT THE MEDICATION BOTTLE.

Coding rules

DETAILED MEDICATION LIST

<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
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</table>

Incapacity Ratings
### Definitions and questions

- **Coding rules**
  - 35 = Wellbutrin
  - 36 = Zoloft
  - 37 = Zyrtek
  - 38 = Other Medication.

#### DOSE IN MG - RX 2

<table>
<thead>
<tr>
<th>Code</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>POABX01</td>
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<td>POABF01</td>
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#### DOSE IN MG (IF VARIES WITHIN 24 HOURS) - RX 2

<table>
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#### NUMBER OF DOSES AT THIS NUMBER OF MG IN 24 HOURS (IF VARIES WITHIN 24 HOURS) - RX 2

<table>
<thead>
<tr>
<th>Code</th>
<th>Definition</th>
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#### DOCTOR EXPLANATION

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- 0 = No
- 2 = Yes

#### MENTION OF SIDE EFFECTS

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<th>Definition</th>
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</thead>
<tbody>
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- 0 = No
- 2 = Yes

#### NUMBER OF SIDE EFFECTS - RX 2

<table>
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#### CHECKING REACTION TO MEDICATION

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#### VIEWED MEDICATION BOTTLE

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</tr>
</tbody>
</table>

- 0 = No
- 2 = Yes
MEDICATION - RX 3

WHICH MEDICATION ARE YOU ON?

How many milligrams do you take?

NUMBER OF DOSES AT THIS NUMBER OF MG. IN 24 HOURS.

IF DOSE VARIES WITHIN 24 HOURS, ASK:

DATE MEDICATION STARTED.

Did the doctor explain what problem(s) and/or symptom(s) this medication was supposed to help?

What did the doctor say? (Record verbatim)

Did the Doctor mention any side effects that you need to watch out for?

IF YES ASK:

What are they?

RECORD NUMBER OF SIDE EFFECTS MENTIONED BY PARENT.

Have you experienced any side effects from this medicine?

How often do you return to the doctor's office to have your reaction to the medication checked?

INTERVIEWER: I LOOKED AT THE MEDICATION BOTTLE.

DETAILED MEDICATION LIST

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<thead>
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Definitions and questions

Coding rules

35 = Wellbutrin
36 = Zoloft
37 = Zyrtek
38 = Other Medication.

DOSE IN MG - RX 3

<table>
<thead>
<tr>
<th>Code</th>
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<td>POACO01</td>
<td>Onset of medication effect</td>
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<tr>
<td>POACX05</td>
<td>Doctor explanation</td>
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<td>POACX7</td>
<td>Mention of side effects</td>
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<td>POACX8</td>
<td>Number of side effects</td>
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<tr>
<td>POACX9</td>
<td>Checking reaction to medication</td>
</tr>
<tr>
<td>POACX10</td>
<td>Viewed medication bottle</td>
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Incapacity Ratings
**Definitions and questions**

**MEDICATION - RX 4**

**WHICH MEDICATION ARE YOU ON?**

*How many milligrams do you take?*

NUMBER OF DOSES AT THIS NUMBER OF MG. IN 24 HOURS.

IF DOSE VARIES WITHIN 24 HOURS, ASK:

**DATE MEDICATION STARTED.**

*Did the doctor explain what problem(s) and/or symptom(s) this medication was supposed to help?*

*What did the doctor say? (Record verbatim)*

*Did the Doctor mention any side effects that you need to watch out for?*

IF YES ASK:

*What are they?*

RECORD NUMBER OF SIDE EFFECTS MENTIONED BY PARENT.

*Have you experienced any side effects from this medicine?*

*How often do you return to the doctor’s office to have your reaction to the medication checked?*

**INTERVIEWER:** I LOOKED AT THE MEDICATION BOTTLE.

**Coding rules**

**Codes**

<table>
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<tbody>
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### Definitions and questions

#### Coding rules

- 36 = Zoloft
- 37 = Zyrtek
- 38 = Other Medication.

#### Codes

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<thead>
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<td>NUMBER OF DOSES AT THIS NUMBER OF MG IN 24 HOURS (IF VARIES WITHIN 24 HOURS) - RX 4</td>
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<td>POADX05</td>
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### OFFSETS

CODE HERE IF SYMPTOMS CODED IN THE SYMPTOM SECTION HAVE CEASED WITHIN THE 3 MONTHS PRIMARY PERIOD.

**SCHOOL NON-ATTENDANCE OFFSET**

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<td>WORRIES/ANXIETY</td>
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## Definitions and questions

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<thead>
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<td>RELATIONSHIPS WITH OTHER PARENT #1 AND/OR OTHER PARENT #2</td>
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<td>SIBLING RELATIONSHIPS</td>
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<td>PEER RELATIONSHIPS</td>
<td>CMC7016</td>
</tr>
<tr>
<td>LIFE EVENTS/POST-TRAUMATIC STRESS</td>
<td>CMC7017</td>
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</table>

Incapacity Ratings
END THE INTERVIEW

PERCEPTION OF PROBLEMS

We have covered quite a lot of ground, but is there anything that worries you, or causes problems, that I haven’t asked about?

What?
Can you tell me more about that?
You have told me about many different things; do you think that any of them are problems for you?

PERCEPTION OF PROBLEM(S)

0 = Absent
2 = Present

PROBLEMS WITH:

1 = School Non-Attendance
2 = Separation Anxiety
3 = Worries/Anxieties
4 = Obsessions/Compulsions
5 = Depression
6 = Mania
7 = Physical Symptoms
8 = Food-Related Behavior
9 = Hyperactivity
13 = Conduct
14 = Psychosis
15 = Relationships with Parent #1 and/or Parent #2
16 = Relationships with Other Parent #1 and/or Other Parent #2
17 = Relationships with Other Adults
18 = Sibling Relationships
19 = Peer Relationships
20 = Life Events/Post-Traumatic Stress
21 = Alcohol/Drugs
### Definitions and questions

**HELP NEEDED WITH:**

*Are there any things that you think you need help with?*

- **What?**
- **What sort of help do you need?**

### HELP NEEDED

<table>
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<th>Intensity</th>
<th>Codes</th>
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### HELP NEEDED WITH:

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<td>2 = Separation Anxiety</td>
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<tr>
<td>20 = Life Events/Post-Traumatic Stress</td>
</tr>
<tr>
<td>21 = Alcohol/Drugs</td>
</tr>
</tbody>
</table>

### Coding rules

- Incapacity Ratings

56
CHILD HEALTH SERVICES SCREEN
SERVICES SCREEN

Because it's easy to forget, I'm going to go through a list of places where you might have gotten help or treatment (for any concerns or problems you might have experienced).

I want you to tell me whether you have been to any of them in your life, and in the last 3 months.

PSYCHIATRIC HOSPITAL

Because it's easy to forget, I'm going to go through a list of places where you might have gotten help (for these difficulties).

I want you to tell me whether you've ever been to any of them.

GENERAL HOSPITAL PSYCHIATRIC UNIT

A hospital inpatient unit?

Do you know what sort of hospital it was?
Was it a medical or a psychiatric hospital?
Was it an ordinary medical ward or a special psychiatric ward?
When did you first (go there)?
Have you (been there) in the last 3 months?
Definitions and questions

**DETOX UNIT OR INPATIENT DRUG/ALCOHOL UNIT**

An inpatient alcohol or drug treatment unit?

Or an inpatient detoxification unit?

**HOSPITAL MEDICAL INPATIENT UNIT**

A medical inpatient unit, for any of the kinds of problems that you told me about?

In the last 3 months?
When was the first time?

**RESIDENTIAL TREATMENT CENTER**

A residential treatment center because of the problems you told me about?

Where was that?
Have you been there in the last 3 months?
When was the first time?

Coding rules

<table>
<thead>
<tr>
<th>DETOX UNIT OR INPATIENT DRUG/ALCOHOL UNIT</th>
<th>Codes</th>
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</thead>
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<td>CNA4I01 Intensity</td>
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</table>
Definitions and questions

**DETENTION CENTER/TRAINING SCHOOL/JAIL**
*Have you ever been in a detention center or training school?*

In jail or prison?

How many times?
Have you been there in the last 3 months?
When was the first time?

**GROUP HOME/EMERGENCY SHELTER**
*Have you ever been in a group home?*

Or an emergency shelter?

Where was that?
Have you been there in the last 3 months?
When was the first time?

**THERAPEUTIC FOSTER CARE**
*Have you been in therapeutic foster care?*

Where foster parents had been trained to provide care?

Coding rules

**DETENTION CENTER/TRAINING SCHOOL/JAIL**

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**GROUP HOME/EMERGENCY SHELTER**

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**THERAPEUTIC FOSTER CARE**

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</table>

Codes

CNA5I01
CNA6I01
CNA7I01

/ /
BOARDING SCHOOL

Or gone to a boarding school for the kinds of problems you told me about?

When did you first (go there)?
Have you (been there) in the last 3 months?
Was it any help?
In what way?
Did it make things even worse?
How?

DAY HOSPITAL/PARTIAL HOSPITALIZATION

Have you been to a day hospital?
Or a partial day program at a hospital?
Has that been in the last 3 months?
When was the first time?

OUTPATIENT DRUG OR ALCOHOL CLINIC

Have you been to an outpatient drug or alcohol clinic?

Where at?
Have you been in the last 3 months?
When did you first go there?
## Definitions and questions

### MENTAL HEALTH CENTER
**A mental health center?**

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</table>

### COMMUNITY HEALTH CENTER
**A community health center?**

Have you been in the last 3 months?
When did you first go there?

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### CRISIS CENTER
**Have you ever been to a crisis center for any kind of help?**

Have you been in the last 3 months?
When was the first time?

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</table>
IN-HOME COUNSELING/CRISIS SERVICES
Have you ever had in-home counseling or crisis services?
In the last 3 months?
When did you first have in-home services?

PRIVATE PROFESSIONAL TREATMENT
Have you been to a private professional for help with any problems?
Or a social worker or a psychiatric nurse?
Has s/he seen them in the last 3 months?
When was the first time?
Definitions and questions

SCHOOL GUIDANCE COUNSELOR/SCHOOL PSYCHOLOGIST/SCHOOL SOCIAL WORKER

Have you seen a school guidance counselor for help with the problems we have talked about?

Or a school psychologist?

Or a school social worker?

Or gotten any other sort of help at school?

When was the first time?
Have you seen them in the last 3 months?

SPECIAL CLASS (BEHAVIORALLY OR EMOTIONALLY HANDICAPPED)

Have you been in any special classes?
Was it for emotional or behavioral reasons?

Coding rules

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<table>
<thead>
<tr>
<th>LAST 3 MONTHS</th>
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</table>

Codes
SPECIAL CLASS (LEARNING DISABILITIES/MR)

Have you been in any special classes for other reasons?

Was it for learning problems?

Have you seen them in the last 3 months?

When was the first time?

0 = No
2 = Yes

SCHOOL TEACHER

Have you gone to a school teacher for special help about feelings or behaviors?

In the last 3 months?

When was the first time?

0 = No
2 = Yes

Specify

Ever:CND0E01
Intensity

Ever:CND0O01
Onset

LAST 3 MONTHS

0 = No
2 = Yes

Specify

Ever:CND7E01
Intensity

Ever:CND7O01
Onset

LAST 3 MONTHS

0 = No
2 = Yes

Specify
Definitions and questions

**SCHOOL NURSE**

*Or a school nurse?*

*In the last 3 months?*
*When was the first time?*

**EDUCATIONAL TUTORING**

*Have you had educational tutoring (outside of a special class)?*

*By whom?*
*What was it for?*

**SOCIAL SERVICES**

*Include visits to Social Services and visits by Social Services to the home if related to subject's problems. Include child-related visits if subject's symptoms are related to children i.e. anxiety, conduct, etc.*

*Have you seen social services for any of the kinds of problems that you told me about?*

*Have you gone there in the last 3 months?*
*When was the first time?*

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</table>
Definitions and questions

**PROBATION OFFICER/JUVENILE CORRECTION COUNSELOR**

*Have you ever had a Probation Officer or Juvenile Correction Counselor?*

When did you first go?
Have you seen them in the last 3 months?

---

**FAMILY DOCTOR/OTHER MD**

*Have you seen your family doctor for any of the kinds of problems that you told me about?*

*Or any other medical doctor?*

In the last 3 months?
When did you first see a doctor for problems like that?

---

**HOSPITAL EMERGENCY ROOM**

*Have you been to a hospital emergency room?*

Have you been there in the last 3 months?
When was the first time?

---

**Coding rules**

**Proportion:**

**Codes**

**PROBATION OFFICER/JUVENILE CORRECTION COUNSELOR**

*Have you ever had a Probation Officer or Juvenile Correction Counselor?*

0 = No
2 = Yes

---

**FAMILY DOCTOR/OTHER MD**

*Have you seen your family doctor for any of the kinds of problems that you told me about?*

*Or any other medical doctor?*

In the last 3 months?
When did you first see a doctor for problems like that?

---

**HOSPITAL EMERGENCY ROOM**

*Have you been to a hospital emergency room?*

Have you been there in the last 3 months?
When was the first time?
Definitions and questions

RELIgIOUS COUNSELOR

If Religious Counselor is a paid pastoral counselor, code under Private Professional.

Code here religious, spiritual, faith-based counselors i.e. priest, rabbi, minister.

Have you seen a minister (priest, rabbi, etc.) for any of the kinds of problems you told me about?

Or any other spiritual or faith-based counselor?

Have you seen them in the last 3 months?

When was the first time?

ALTERNATIVE PRACTITIONER/OTHER HEALER

Have you seen any other healers?

Such as a faith healer?
Or a medicine man/woman?
Or a curandero?
Or a traditional Indian healer?
Or an herbalist?
Or a root doctor?
Or a "New Age" practitioner?
Or a natural therapist?
Or a touch or health therapist?
When did you first (go there)?
Have you seen any of those in the last 3 months?

Coding rules

RELIgIOUS COUNSELOR

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes

ALTERNATIVE PRACTITIONER/OTHER HEALER

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes
Definitions and questions

OTHER "NON-PROFESSIONAL" HELP

Assistance from others who are not professionally trained, licensed, and/or certified to provide mental health services for fees.

CRISIS HOTLINE

Have you had any other sort of treatment of help, such as:

A crisis hotline?
When did you first (go there)?
Have you called in the last 3 months?

SELF-HELP GROUP

Self-help groups, like AA or NA?

Have you (been there) in the last 3 months?
When did you first (go there)?

INTERNET SUPPORT GROUP

Internet web sites or chat rooms specific to discussion of certain problems, emotions, disorders, or disabilities.

Have you ever sought help from an internet support group for the kinds of problems we have talked about?
Or participated in chat room conversations about those kinds of issues or concerns?

Have you done that in the last 3 months?
When was the first time you sought help online?

Coding rules

CRISIS HOTLINE

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes

SELF-HELP GROUP

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes

INTERNET SUPPORT GROUP

0 = No
2 = Yes

LAST 3 MONTHS

0 = No
2 = Yes
HELP FROM RELATIVES
Have you tried to get help from relatives, and this could include parents?

Have you talked to them about that in the last 3 months? When was the first time?

OTHER NON-PROFESSIONAL ADULT HELP
Or from other adults, for any of the kinds of problems that you told me about?

Have you talked to them about that in the last 3 months? When was the first time?

HELP FROM FRIENDS
Have you spoken to friends to get help?

Have you talked with them about problems in the last 3 months? When was the first time?
GENERAL SERVICES USE

This page is to be asked of every subject interviewed. The intent is to gather inclusive general information. Detailed Service Forms are not completed on Non-Mental Health related services.

*We have asked you in detail about all services used for emotional, behavioral, or substance related reasons. Now we would like to briefly ask about four services used in general over the last year and over the last 3 months. This will include any services already mentioned plus services used for reasons other than emotional, behavioral or substance related reasons.

SPECIAL SERVICES AT SCHOOL

Have you used any student services at school (e.g. guidance counselor or special class)?

Have you used them in the last 3 months?

DEPARTMENT OF SOCIAL SERVICES

Have you received any services from DSS (The Department of Social Services)?

In the last 3 months?
CONTACT WITH COURT OR JUVENILE JUSTICE

Have you had any contact with the court or juvenile justice services?

In the last 3 months?

HEALTH PROVIDER

Have you made a visit to a health provider (e.g. family doctor, health center, clinic, ER)?

Have you been in the last 3 months?

MENTAL HEALTH SERVICES FOR OTHER THAN CHILD'S OWN PROBLEMS

Have you been to a mental health center or seen a mental health professional privately for other than your own mental health problems (mostly for those of another family member)?

Have you been in the last 3 months?
Definitions and questions

DETAILED CHILD SERVICES FORM 1
COMPLETE ONE OF THESE FORMS FOR EACH SETTING WHERE SERVICES HAVE BEEN USED DURING THE LAST 3 MONTHS
TREATMENT SETTING - INPATIENT/OUTPATIENT (FORM 1)
Where did you go/whom did you see?

TREATMENT SETTING
0 = Absent
2 = Present

OVERNIGHT/INPATIENT
0 = Absent
1 = Psychiatric hospital
2 = Psychiatric unit in general hospital
3 = Drug/Alcohol/Detoxification unit
4 = Medical inpatient unit in hospital
5 = Residential Treatment Center
6 = Detention Center/Training School/Jail
7 = Group home/Emergency shelter
8 = Therapeutic Foster Care
9 = Boarding School

OUTPATIENT MENTAL HEALTH TREATMENT
0 = Absent
1 = Partial hospitalization/day program
2 = Drug/Alcohol
3 = Mental health center/Clinic
4 = Community health center
5 = Crisis center
6 = In-home counseling/crisis services
7 = Private professional treatment

TREATMENT SETTING- FAMILY DOCTOR
Did you see a family doctor?

FAMILY DOCTOR
0 = No
2 = Yes
### Definitions and questions

**TREATMENT SETTING - PROFESSIONAL/NON-PROFESSIONAL HELP**

*Where did you go/whom did you see?*

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<tr>
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<tbody>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>2 = Present</td>
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</table>

**OTHER PROFESSIONAL HELP**

| 0 = Absent | 1 = School guidance counselor/school psychologist; school social worker |
| 2 = Special class/BEH |
| 3 = Social services |
| 4 = Probation officer/juvenile correctional counselor |
| 5 = Family doctor/Other MD |
| 6 = Hospital ER |
| 7 = Religious counselor |
| 8 = Other healer/alternative practitioner |
| 9 = Special class/LD or MR |
| 10 = Educational tutoring |
| 11 = School Teacher |
| 12 = School Nurse |

**OTHER NON-PROFESSIONAL HELP**

| 0 = Absent | 1 = Crisis hotline |
| 2 = Self-help group (AA, NA, etc) |
| 3 = Adult family member/Relative |
| 4 = Non-professional adult help |
| 5 = Peer help |
Definitions and questions

**PROVIDER’S FOCUS OF TREATMENT**

Code here the areas of psychopathology that were a focus of treatment provided in this service setting, in the order of their apparent importance. In determining this order, consider the reason for referral, statements about the aim of the treatment remembered by the interviewee, and the type of treatment provided.

**ATTENDED TREATMENT SETTING.**

*What were the main reasons that you “went to treatment setting?”*

Were there any other reasons?

What were they?

*How often (long) did you go/stay in the last 3 months?*

**AVERAGE LENGTH OF EACH SESSION (IN MINUTES) WITH THAT PARTICULAR PROVIDER.**

*How long was each visit/session?*

*When did you first go there for this current treatment?*

*Are you still going?*

**IF CHILD HAS STOPPED ATTENDING TREATMENT DURING THE LAST 3 MONTHS, CONTINUE. OTHERWISE, SKIP TO SERVICE CONTACT**

*When did you stop?*

*What were the reasons you stopped treatment?*

**CODE 3 REASONS IN ORDER OF APPARENT IMPORTANCE**
### Definitions and questions

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<tr>
<td>2 = Planned termination of treatment</td>
<td></td>
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<tr>
<td>3 = Child improved so stopped going</td>
<td></td>
</tr>
<tr>
<td>4 = Parent felt “provider” did not understand what the problem was</td>
<td></td>
</tr>
<tr>
<td>5 = Parent disagreed with “provider” about what should be done</td>
<td></td>
</tr>
<tr>
<td>6 = Parent and/or child had a bad experience with this “provider”</td>
<td></td>
</tr>
<tr>
<td>7 = Parent and/or child felt discriminated against</td>
<td></td>
</tr>
<tr>
<td>8 = “Provider” was no longer available (moved or left setting)</td>
<td></td>
</tr>
<tr>
<td>9 = Child refused to go</td>
<td></td>
</tr>
<tr>
<td>10 = Insurance/managed care company limited treatment</td>
<td></td>
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<tr>
<td>11 = Too expensive</td>
<td></td>
</tr>
<tr>
<td>12 = Parent or child moved</td>
<td></td>
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<tr>
<td>13 = Other</td>
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**IF INPATIENT, OUTPATIENT OR FAMILY DOCTOR/OTHER MD, CONTINUE. OTHERWISE, SKIP TO "FORMAT OF SERVICE CONTACT (FORM 2)", (PAGE 5).**
**DEFINITIONS AND QUESTIONS**

**FORMAT OF SERVICE CONTACT**

I am going to ask you about the different types of treatment that you or family may have received in this setting.

**Did you receive .......**

An assessment/evaluation or psychological testing?

**Individual therapy?**

**Group therapy?**

**Did you or your family receive.......**

Family therapy, when "provider" meets with parents and children together?

Counseling for your "parents" by themselves?

Family support or educational groups, such as group meetings with other families?

Case management, that is someone who helps coordinate the services you receive?

**Did your "provider"......**

Contact or work with your child’s school?

Contact or work with any other services or agencies?

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<tr>
<td>2 = Yes</td>
<td></td>
</tr>
</tbody>
</table>
Definitions and questions

PARENTAL INVOLVEMENT
Did your parents participate in any sessions with you?
How many?
Did you feel they should be more involved?
Or less involved?
CODE NUMBER OF SESSIONS ATTENDED IN LAST 3 MONTHS.

OTHER FAMILY INVOLVEMENT
Were other family members involved (apart from your parents)?
Who?
Did they participate in any sessions?
How many?
Did you feel they should be more involved?
Or less involved?

Coding rules

PARENTAL INVOLVEMENT
0 = Adequate involvement.
2 = Parent feels his/her involvement was insufficient.
3 = Parent feels his/her involvement was too extensive.

OTHER FAMILY INVOLVEMENT
0 = Adequate involvement.
2 = Parent feels his/her involvement was insufficient.
3 = Parent feels his/her involvement was too extensive.
**TREATMENT APPROACHES**

*Now I want to ask you about what went on in any of the treatment sessions you had*

Did your "provider" (or any of your "providers")...

*Have you keep a diary of your behavior?*

*Help you set up a plan for rewarding your good behavior?*

*Set up a behavioral contract?*

*Give you any "homework" to practice?*

*Suggest using "time-outs"?*

*Teach you ways to manage your behavior?*

*Teach you ways to relax?*

*Teach you how your thoughts can affect how you feel and behave?*

*Teach you social skills?*

*Teach you how to deal with depressing or anxious thoughts?*

*Was medication prescribed for you?*

*Are you still taking it? When did you stop?*

**OFFSET OF MEDICATION.**

*When did you stop?*

---

<table>
<thead>
<tr>
<th>Coding rules</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TREATMENT APPROACHES</strong></td>
<td>COA8XYZ 00</td>
</tr>
<tr>
<td>Intensity</td>
<td>✔️</td>
</tr>
<tr>
<td><strong>KEEP DIARY</strong></td>
<td>COA8I01</td>
</tr>
<tr>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td><strong>REWARDS</strong></td>
<td>COA8I02</td>
</tr>
<tr>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td><strong>BEHAVIORAL CONTRACT</strong></td>
<td>COA8I03</td>
</tr>
<tr>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td><strong>“HOMEWORK”</strong></td>
<td>COA8I04</td>
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<tr>
<td>✔️</td>
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<tr>
<td><strong>“TIME - OUTS”</strong></td>
<td>COA8I05</td>
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<tr>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td><strong>MANAGE BEHAVIOR</strong></td>
<td>COA8I06</td>
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<tr>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td><strong>RELAXING</strong></td>
<td>COA8I07</td>
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<tr>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td><strong>THOUGHTS AFFECTING BEHAVIOR</strong></td>
<td>COA8I08</td>
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<tr>
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<tr>
<td><strong>SOCIAL SKILLS</strong></td>
<td>COA8I09</td>
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<td>✔️</td>
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<tr>
<td><strong>COPING WITH DEPRESSION</strong></td>
<td>COA8I10</td>
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<tr>
<td><strong>MEDICATIONS</strong></td>
<td>COA8I11</td>
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<tr>
<td>✔️</td>
<td></td>
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</tbody>
</table>
Definitions and questions

Coding rules
2 = Yes

STILL TAKING
0 = No
2 = Yes

Codes

COA8I12

COA8O01
Onset
/
/
**Definitions and questions**

**RELATIONSHIP WITH PROVIDER**

I am now going to read you some statements about your experiences with "therapist/clinic." I want you to tell me if each statement is always true, often true, sometimes true, rarely true or never true.

The "health care provider" does a better job helping me than my parents (caretaker) can.

Does not have as much time for me as I would like.

Does not understand what I need.

Criticizes what my parents (caretaker) do with me.

Expects too much from my family and me.

Accepts what I have to say when I make recommendations.

**Helps me understand what is going on with my me.**

**Respects my wishes and experiences.**

**Shares information with me.**

**Treats me as a partner in my child's care.**

**Does a good job finding programs suitable for my child.**

**Respects our family's beliefs, customs, and the way in which we do things in our family.**

**Shows concerns about our entire family, not just the child with special needs.**

**Points out what my child and family do well.**

**Coding rules**

**RELATIONSHIPS WITH PROVIDER**

0 = No

2 = Yes

**ALWAYS/NEVER TRUE**

1 = Always True

2 = Often True

3 = Sometimes True

4 = Rarely True

5 = Never True

**Intensity**

FOR REVIEW ONLY

FOR REVIEW ONLY
Definitions and questions

Coding rules

2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
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3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
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2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
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2 = Often True
3 = Sometimes True
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ALWAYS/NEVER TRUE
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3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True
### Definitions and questions

#### Coding rules

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#### Codes

**ALWAYS/NEVER TRUE**

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<td>2</td>
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<td>3</td>
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<td>4</td>
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<tr>
<td>5</td>
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</table>

**POA9I13**

**POA9I14**

---

**OUTCOMES - LESS STRESSED**

PERCEIVED BENEFITS OF TREATMENT.

Determine if "NO" means "NO CHANGE" or "THIS WAS NEVER A PROBLEM." If never a problem, code as structurally missing.

*Because of the treatment received with "provider" are you feeling less stressed about your child?*

**LESS STRESSED**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**POA4I04**

**Intensity**

---

**OUTCOMES - BEHAVIOR IMPROVED**

PERCEIVED BENEFITS OF TREATMENT.

Determine if "NO" means "NO CHANGE" or "THIS WAS NEVER A PROBLEM." If never a problem, code as structurally missing.

*Because of the treatment received with "provider" ..... Has your behavior improved?*

**YES 2**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**COA4I01**

**Intensity**
OUTCOMES - RELATIONSHIP IMPROVED
PERCEIVED BENEFITS OF TREATMENT.

DETERMINE IF "NO" MEANS "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

Have your family relationships improved (less fighting, more positive interaction, feel better about each other)?

PATIENT SATISFACTION
INTERVIEWER: ALWAYS ANSWER YES TO ASK FOLLOWING QUESTIONS.

If you needed a "provider" in the future, would you return to the same "provider" again?

IF NO,
Why not?

If you were going to recommend a "provider" to a friend, would you recommend this "provider"?

IF NO,
Why not?

PAYMENT

Do you know how this was paid for?

Did you pay any of the cost yourself?
Did your "parent" pay anything?

How much have you paid in the last 3 months?

Coding rules

<table>
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<tr>
<th>Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
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<td>INTENSITY</td>
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<td>COA5I01</td>
<td>INTENSITY</td>
</tr>
<tr>
<td>COA5I02</td>
<td>INTENSITY</td>
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<tr>
<td>COA3XYZ 00</td>
<td>INTENSITY</td>
</tr>
<tr>
<td>COA3X01</td>
<td>FREQ</td>
</tr>
<tr>
<td>COA3X02</td>
<td>FREQ</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
</tr>
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<tbody>
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<tr>
<td>2 = Yes</td>
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<td>PATIENT OPINION</td>
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<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td>RETURN TO CLINIC</td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td>RECOMMEND</td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
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<td>2 = Yes</td>
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<tr>
<td>PAYMENT</td>
<td></td>
</tr>
<tr>
<td>0 = No</td>
<td></td>
</tr>
<tr>
<td>2 = Yes</td>
<td></td>
</tr>
<tr>
<td>FAMILY OUT-OF-POCKET EXPENSE</td>
<td></td>
</tr>
<tr>
<td>0 = Parent or child paid all of cost of services</td>
<td></td>
</tr>
<tr>
<td>1 = Parent or child paid some of cost.</td>
<td></td>
</tr>
<tr>
<td>2 = Parent or child paid none of cost.</td>
<td></td>
</tr>
</tbody>
</table>
DETAILED CHILD SERVICES FORM 2
TREATMENT SETTING - INPATIENT/OUTPATIENT (FORM 2)

Where did you go/whom did you see?

TREATMENT SETTING
0 = Absent
2 = Present

OVERNIGHT/INPATIENT
0 = Absent
1 = Psychiatric hospital
2 = Psychiatric unit in general hospital
3 = Drug/Alcohol/Detoxification unit
4 = Medical inpatient unit in hospital
5 = Residential Treatment Center
6 = Detention Center/Training School/Jail
7 = Group home/Emergency shelter
8 = Therapeutic Foster Care
9 = Boarding School

OUTPATIENT MENTAL HEALTH TREATMENT
0 = Absent
1 = Partial hospitalization/day program
2 = Drug/Alcohol
3 = Mental health center/Clinic
4 = Community health center
5 = Crisis center
6 = In-home counseling/crisis services
7 = Private professional treatment

TREATMENT SETTING - FAMILY DOCTOR (FORM 2)

Did you see a family doctor?

FAMILY DOCTOR
0 = No
2 = Yes
### Definitions and questions

#### TREATMENT SETTING - PROFESSIONAL/NON-PROFESSIONAL HELP (FORM 2)

*Where did you go/whom did you see?*

### Coding rules

#### TREATMENT SETTING

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>2</td>
<td>Present</td>
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</table>

#### OTHER PROFESSIONAL HELP

<table>
<thead>
<tr>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>1</td>
<td>School guidance counselor/school psychologist; school social worker</td>
</tr>
<tr>
<td>2</td>
<td>Special class/BEH</td>
</tr>
<tr>
<td>3</td>
<td>Social services</td>
</tr>
<tr>
<td>4</td>
<td>Probation officer/juvenile correctional counselor</td>
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<tr>
<td>5</td>
<td>Family doctor/Other MD</td>
</tr>
<tr>
<td>6</td>
<td>Hospital ER</td>
</tr>
<tr>
<td>7</td>
<td>Religious counselor</td>
</tr>
<tr>
<td>8</td>
<td>Other healer/alternative practitioner</td>
</tr>
<tr>
<td>9</td>
<td>Special class/LD or MR</td>
</tr>
<tr>
<td>10</td>
<td>Educational tutoring</td>
</tr>
<tr>
<td>11</td>
<td>School Teacher</td>
</tr>
<tr>
<td>12</td>
<td>School Nurse</td>
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</table>

#### OTHER NON-PROFESSIONAL HELP

<table>
<thead>
<tr>
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</thead>
<tbody>
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<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>1</td>
<td>Crisis hotline</td>
</tr>
<tr>
<td>2</td>
<td>Self-help group (AA, NA, etc)</td>
</tr>
<tr>
<td>3</td>
<td>Adult family member/Relative</td>
</tr>
<tr>
<td>4</td>
<td>Non-professional adult help</td>
</tr>
<tr>
<td>5</td>
<td>Peer help</td>
</tr>
</tbody>
</table>
Definitions and questions

PROVIDER’S FOCUS OF TREATMENT (FORM 2)

Code here the areas of psychopathology that were a focus of treatment provided in this service setting, in the order of their apparent importance. In determining this order, consider the reason for referral, statements about the aim of the treatment remembered by the interviewee, and the type of treatment provided.

What were the main reasons that you “went to treatment setting”?

Were there any other reasons?
What were they?

How often (long) did you go/stay in the last 3 months?

AVERAGE LENGTH OF EACH SESSION (IN MINUTES) WITH THAT PARTICULAR PROVIDER.

How long was each visit/session?

When did you first go there for this current treatment?

Are you still going?

IF CHILD HAS STOPPED ATTENDING TREATMENT DURING THE LAST 3 MONTHS, CONTINUE. OTHERWISE, SKIP TO SERVICE CONTACT

When did you stop?

What were the reasons you stopped treatment?

code 3 reasons in order of apparent importance

Codings rules

ATTENDED TREATMENT SETTING

<table>
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<tbody>
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<tr>
<td>2</td>
<td>Present</td>
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FOCUS OF TREATMENT

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<tbody>
<tr>
<td>0</td>
<td>Absent</td>
</tr>
<tr>
<td>1</td>
<td>School non-attendance</td>
</tr>
<tr>
<td>2</td>
<td>Separation anxiety</td>
</tr>
<tr>
<td>3</td>
<td>Worries/anxiety</td>
</tr>
<tr>
<td>4</td>
<td>Obsessions/compulsions</td>
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<tr>
<td>5</td>
<td>Depression</td>
</tr>
<tr>
<td>6</td>
<td>Mania</td>
</tr>
<tr>
<td>7</td>
<td>Physical symptoms</td>
</tr>
<tr>
<td>8</td>
<td>Food-related behavior</td>
</tr>
<tr>
<td>9</td>
<td>Hyperactivity/ADD</td>
</tr>
<tr>
<td>10</td>
<td>Conduct disorder</td>
</tr>
<tr>
<td>11</td>
<td>Alcohol/Drugs</td>
</tr>
<tr>
<td>12</td>
<td>Psychosis</td>
</tr>
<tr>
<td>13</td>
<td>Relationships with Parent #1, #2</td>
</tr>
<tr>
<td>14</td>
<td>Relationships with Other Parent #1, #2</td>
</tr>
<tr>
<td>15</td>
<td>Relationships with other adults</td>
</tr>
<tr>
<td>16</td>
<td>Sibling relationships</td>
</tr>
<tr>
<td>17</td>
<td>Peer relationships</td>
</tr>
<tr>
<td>18</td>
<td>Post-Traumatic Stress</td>
</tr>
<tr>
<td>19</td>
<td>Psychological testing/evaluation</td>
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<tr>
<td>20</td>
<td>Follow-Up care</td>
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<tr>
<td>21</td>
<td>Other</td>
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LENGTH OF VISIT (FORM 1)

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<tbody>
<tr>
<td></td>
<td>Frequency</td>
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Onset

/ /
Definitions and questions

Coding rules

<table>
<thead>
<tr>
<th>Codes</th>
<th>Definitions</th>
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</thead>
</table>
| COB6I01 | STILL ATTENDING  
0 = No  
2 = Yes |
| COB6O01 | DATE STOPPED WITHIN PRIMARY PERIOD (FORM 1)  
/ / |
| POB6X01 | REASON(S) STOPPED  
1 = Planned termination of treatment  
2 = Planned termination of treatment  
3 = Child improved so stopped going  
4 = Parent felt “provider” did not understand what the problem was  
5 = Parent disagreed with “provider” about what should be done  
6 = Parent and/or child had a bad experience with this “provider”  
7 = Parent and/or child felt discriminated against  
8 = “Provider” was no longer available (moved or left setting)  
9 = Child refused to go  
10 = Insurance/managed care company limited treatment  
11 = Too expensive  
12 = Parent or child moved  
13 = Other |

IF INPATIENT, OUTPATIENT OR FAMILY DOCTOR/OTHER MD, CONTINUE. OTHERWISE, SKIP TO "FORMAT OF SERVICE CONTACT (FORM 3)", (PAGE 5).
FORMAT OF SERVICE CONTACT (FORM 2)

I am going to ask you about the different types of treatment that you or family may have received in this setting.

Did you receive......

An assessment/evaluation or psychological testing?

Individual therapy?

Group therapy?

Did you or your family receive......

Family therapy, when "provider" meets with parents and children together?

Counseling for you alone or counseling for you and your partner?

Family support or educational groups, such as group meetings with other families?

Case management, that is someone who helps coordinate the services you receive?

Did your "provider".......?

Contact or work with your child's school?

Contact or work with any other services or agencies?

COPING RULES

<table>
<thead>
<tr>
<th>FORM OF SERVICE CONTACT</th>
<th>COB7X01</th>
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</thead>
<tbody>
<tr>
<td>0 = No</td>
<td></td>
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<tr>
<td>2 = Yes</td>
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</table>


**Definitions and questions**

**PARENTAL INVOLVEMENT (FORM 2)**

*Did your parents participate in any sessions with you?*

How many?

*Did you feel they should be more involved?*

Or less involved?

CODE NUMBER OF SESSIONS ATTENDED IN LAST 3 MONTHS.

**OTHER FAMILY INVOLVEMENT (FORM 2)**

*Were other family members involved (apart from you and your parents)?*

Who?

*Did they participate in any sessions?*

How many?

*Or less involved?*

*Did you feel they should be more involved?*

### Coding rules

**PARENTAL INVOLVEMENT**

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<thead>
<tr>
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<th>Description</th>
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<tbody>
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<tr>
<td>2</td>
<td>Parent feels his/her involvement was insufficient.</td>
</tr>
<tr>
<td>3</td>
<td>Parent feels his/her involvement was too extensive.</td>
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**OTHER FAMILY INVOLVEMENT**

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<td>Parent feels his/her involvement was insufficient.</td>
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<td>3</td>
<td>Parent feels his/her involvement was too extensive.</td>
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### Codes

**COB1X01**

Intensity

**COB1F01**

Frequency

**COB2X01**

Intensity

**COB2F01**

Frequency
Definitions and questions

**TREATMENT APPROACHES (FORM 2)**

*Now I want to ask you about what went on in any of the treatment sessions you had.*

*Did your “provider” (or any of your “providers”)...*

*Have you keep a diary of your behavior?*

*Help you set up a plan for rewarding your good behavior?*

*Set up a behavioral contract?*

*Give you any “homework” to practice?*

*Suggest using “time-outs”?*

*Teach you ways to manage your behavior?*

*Teach you ways to relax?*

*Teach you how thoughts can affect how you feel and behave?*

*Teach you social skills?*

*Teach you how to deal with depressing or anxious thoughts?*

*Was medication prescribed for you?*

*Are you still taking it?*

*Are you still taking it?*

**OFFSET OF MEDICATION.**

*When did you stop?*

---

**Coding rules**

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### Definitions and questions

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<thead>
<tr>
<th>STILL TAKING</th>
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</table>
RELATIONSHIP WITH PROVIDER (FORM 2)

I am now going to read you some statements about your experiences with "therapist/clinic." I want you to tell me if each statement is always true, often true, sometimes true, rarely true or never true.

The "health care provider" does a better job helping my child than I can myself.

Does not have as much time for me as I would like.

Does not understand what my child needs.

Criticizes what I do with my child.

Expects too much from my family and me.

Accepts what I have to say when I make recommendations.

Helps me understand what is going on with my child.

Respects my wishes and experiences.

Shares information with me.

Treats me as a partner in my child's care.

Does a good job finding programs suitable for my child.

Respects our family's beliefs, customs, and the way in which we do things in our family.

Shows concerns about our entire family, not just the child with special needs.

Points out what my child and family do well.
Definitions and questions

Coding rules
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
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2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

ALWAYS/NEVER TRUE
1 = Always True
OUTCOMES - LESS STRESSED (FORM 2)
PERCEIVED BENEFITS OF TREATMENT.

DETERMINE IF "NO" MEANS "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

OUTCOMES - BEHAVIOR IMPROVED (FORM 2)
PERCEIVED BENEFITS OF TREATMENT.

DETERMINE IF "NO" MEANS "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

*Because of the treatment received with "provider" .....*

*Has your behavior improved?*
OUTCOMES - RELATIONSHIP IMPROVED (FORM 2)

PERCEIVED BENEFITS OF TREATMENT.

DETERMINE IF "NO" MEANS "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

Have your family relationships improved (less fighting, more positive interaction, feel better about each other)?

YES 2
0 = No
2 = Yes

PATIENT SATISFACTION (FORM 2)

INTERVIEWER: ALWAYS ANSWER YES TO ASK FOLLOWING QUESTIONS.

If you needed a "provider" in the future, would you return to the same "provider" again?

IF NO,

Why not? (Record Verbatim)

If you were going to recommend a "provider" to a friend, would you recommend this "provider"?

IF NO,

Why not? (Record Verbatim)

PAYMENT (FORM 2)

Do you know how this was paid for?

Did you pay any of the cost yourself?
Did your "parent" pay anything?

How much have you paid in the last 3 months?
#### DETAILED CHILD SERVICES FORM 3

**TREATMENT SETTING - INPATIENT/OUTPATIENT (FORM 3)**

*Where did you go/whom did you see?*

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<tr>
<th>Coding</th>
<th>Description</th>
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<tbody>
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**OVERNIGHT/INPATIENT**

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<td>Intensity</td>
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<tr>
<td></td>
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</tbody>
</table>

- 0 = Absent
- 1 = Psychiatric hospital
- 2 = Psychiatric unit in general hospital
- 3 = Drug/Alcohol/Detoxification unit
- 4 = Medical inpatient unit in hospital
- 5 = Residential Treatment Center
- 6 = Detention Center/Training School/Jail
- 7 = Group home/Emergency shelter
- 8 = Therapeutic Foster Care
- 9 = Boarding School

**OUTPATIENT MENTAL HEALTH TREATMENT**

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</tbody>
</table>

- 0 = Absent
- 1 = Partial hospitalization/day program
- 2 = Drug/Alcohol
- 3 = Mental health center/Clinic
- 4 = Community health center
- 5 = Crisis center
- 6 = In-home counseling/crisis services
- 7 = Private professional treatment

**TREATMENT SETTING - FAMILY DOCTOR (FORM 3)**

*Did you see a family doctor?*

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<tbody>
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- 0 = No
- 2 = Yes
**TREATMENT SETTING - PROFESSIONAL/NON-PROFESSIONAL HELP (FORM 3)**

*Where did you go/whom did you see?*

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<th>Codes</th>
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<td>Intensity</td>
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<td>0 = Absent</td>
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<td>2 = Present</td>
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<tr>
<td><strong>OTHER PROFESSIONAL HELP</strong></td>
<td>COC0X97</td>
</tr>
<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>1 = School guidance counselor/school psychologist; school social worker</td>
<td></td>
</tr>
<tr>
<td>2 = Special class/BEH</td>
<td></td>
</tr>
<tr>
<td>3 = Social services</td>
<td></td>
</tr>
<tr>
<td>4 = Probation officer/juvenile correctional counselor</td>
<td></td>
</tr>
<tr>
<td>5 = Family doctor/Other MD</td>
<td></td>
</tr>
<tr>
<td>6 = Hospital ER</td>
<td></td>
</tr>
<tr>
<td>7 = Religious counselor</td>
<td></td>
</tr>
<tr>
<td>8 = Other healer/alternative practitioner</td>
<td></td>
</tr>
<tr>
<td>9 = Special class/LD or MR</td>
<td></td>
</tr>
<tr>
<td>10 = Educational tutoring</td>
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</tr>
<tr>
<td>11 = School Teacher</td>
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<tr>
<td>12 = School Nurse</td>
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<tr>
<td><strong>OTHER NON-PROFESSIONAL HELP</strong></td>
<td>COC0X96</td>
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<tr>
<td>0 = Absent</td>
<td></td>
</tr>
<tr>
<td>1 = Crisis hotline</td>
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</tr>
<tr>
<td>2 = Self-help group (AA, NA, etc)</td>
<td></td>
</tr>
<tr>
<td>3 = Adult family member/Relative</td>
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</tr>
<tr>
<td>4 = Non-professional adult help</td>
<td></td>
</tr>
<tr>
<td>5 = Peer help</td>
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</tbody>
</table>
Definitions and questions

**PROVIDER'S FOCUS OF TREATMENT (FORM 3)**

Code here the areas of psychopathology that were a focus of treatment provided in this service setting, in the order of their apparent importance. In determining this order, consider the reason for referral, statements about the aim of the treatment remembered by the interviewee, and the type of treatment provided.

*What were the main reasons that you “went to treatment setting”?*

*Were there any other reasons?*
*What were they?*

*How often (long) did you go/stay in the last 3 months?*

AVERAGE LENGTH OF EACH SESSION (IN MINUTES) WITH THAT PARTICULAR PROVIDER.

*How long was each visit/session?*

*When did you first go there for this current treatment?*

*Are still going?*

IF CHILD HAS STOPPED ATTENDING TREATMENT DURING THE LAST 3 MONTHS, CONTINUE. OTHERWISE, SKIP TO SERVICE CONTACT

*When did you stop?*

*What were the reasons you stopped treatment?*

CODE 3 REASONS IN ORDER OF APPARENT IMPORTANCE

### Coding rules

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<td>3 = Separation anxiety</td>
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<tr>
<td>4 = Obsessions/compulsions</td>
<td>5 = Depression</td>
<td>4 = Obsessions/compulsions</td>
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<td>6 = Mania</td>
<td>7 = Physical symptoms</td>
<td>6 = Mania</td>
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<tr>
<td>8 = Food-related behavior</td>
<td>9 = Hyperactivity/ADD</td>
<td>8 = Food-related behavior</td>
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<td>10 = Conduct disorder</td>
<td>11 = Alcohol/Drugs</td>
<td>10 = Conduct disorder</td>
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<td>12 = Psychosis</td>
<td>13 = Relationships with Parent #1, #2</td>
<td>12 = Psychosis</td>
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<td>14 = Relationships with Other Parent #1, #2</td>
<td>15 = Relationships with other adults</td>
<td>14 = Relationships with Other Parent #1, #2</td>
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<td>16 = Sibling relationships</td>
<td>17 = Peer relationships</td>
<td>16 = Sibling relationships</td>
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<td>18 = Post-Traumatic Stress</td>
<td>19 = Psychological testing/evaluation</td>
<td>18 = Post-Traumatic Stress</td>
</tr>
<tr>
<td>20 = Follow-Up care</td>
<td>21 = Other</td>
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Definitions and questions

Coding rules

STILL ATTENDING
0 = No
2 = Yes

DATE STOPPED WITHIN PRIMARY PERIOD (FORM 1)

REASON(S) STOPPED
1 = Planned termination of treatment
2 = Planned termination of treatment
3 = Child improved so stopped going
4 = Parent felt "provider" did not understand what the problem was
5 = Parent disagreed with "provider" about what should be done
6 = Parent and/or child had a bad experience with this "provider"
7 = Parent and/or child felt discriminated against
8 = "Provider" was no longer available (moved or left setting)
9 = Child refused to go
10 = Insurance/managed care company limited treatment
11 = Too expensive
12 = Parent or child moved
13 = Other

IF INPATIENT, OUTPATIENT OR FAMILY DOCTOR/OTHER MD, CONTINUE. OTHERWISE, SKIP TO "ANTICIPATED LOSS OF PARENTAL RIGHTS", (PAGE 5).
FORMAT OF SERVICE CONTACT (FORM 3)

I am going to ask you about the different types of treatment that you or family may have received in this setting.

Did you receive......

An assessment/evaluation or psychological testing?

Individual therapy?

Group therapy?

Did you or your family receive......

Family therapy, when "provider" meets with parents and children together?

Counseling for your "parents" by themselves?

Family support or educational groups, such as group meetings with other families?

Case management, that is someone who helps coordinate the services you receive?

Did your "provider"......

Contact or work with your school?

Contact or work with any other services or agencies?

<table>
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PARENTAL INVOLVEMENT (FORM 3)

Did your parents participate in any sessions with you?
How many?
Did you feel you should be more involved?
Or less involved?

CODE NUMBER OF SESSIONS ATTENDED IN LAST 3 MONTHS.

OTHER FAMILY INVOLVEMENT (FORM 3)

Were other family members involved (apart from you and your parents)?
Who?
Did they participate in any sessions?
How many?
Did you feel they should be more involved?
Or less involved?

PARENTAL INVOLVEMENT

0 = Adequate involvement.
2 = Parent feels his/her involvement was insufficient.
3 = Parent feels his/her involvement was too extensive.

OTHER FAMILY INVOLVEMENT

0 = Adequate involvement.
2 = Parent feels his/her involvement was insufficient.
3 = Parent feels his/her involvement was too extensive.
TREATMENT APPROACHES (FORM 3)

Now I want to ask you about what went on in any of the treatment sessions you had.

Did your “provider” (or any of your “providers”)...

Have you keep a diary of your behavior?

Help you set up a plan for rewarding your good behavior?

Set up a behavioral contract?

Give you any “homework” to practice?

Suggest using “time-outs”?

Teach you ways to manage your behavior?

Teach you ways to relax?

Teach you how your thoughts can affect how you feel and behave?

Teach you social skills?

Teach you how to deal with depressing or anxious thoughts?

Was medication prescribed for you?

Are you still taking it?

Are still taking it?

OFFSET OF MEDICATION.

When did you stop?

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Definitions and questions

Coding rules

2 = Yes

STILL TAKING

0 = No
2 = Yes

Codes

COC8I12

COC8O01
Onset

//
Definitions and questions

RELATIONSHIP WITH PROVIDER (FORM 3)

I am now going to read you some statements about your experiences with "therapist/clinic." I want you to tell me if each statement is always true, often true, sometimes true, rarely true or never true.

The "health care provider" does a better job helping my child than I can myself.

Does not have as much time for me as I would like.

Does not understand what my child needs.

Criticizes what I do with my child.

Expects too much from my family and me.

Accepts what I have to say when I make recommendations.

Helps me understand what is going on with my child.

Respects my wishes and experiences.

Shares information with me.

Treats me as a partner in my child's care.

Does a good job finding programs suitable for my child.

Respects our family's beliefs, customs, and the way in which we do things in our family.

Shows concerns about our entire family, not just the child with special needs.

Points out what my child and family do well.

Coding rules

RELATIONSHIPS WITH PROVIDER

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2 = Yes

ALWAYS/NEVER TRUE

1 = Always True
2 = Often True
3 = Sometimes True
4 = Rarely True
5 = Never True

COC9I01

ALWAYS/NEVER TRUE

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4 = Rarely True
5 = Never True

COC9I02

ALWAYS/NEVER TRUE

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COC9I03

ALWAYS/NEVER TRUE

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COC9I04

ALWAYS/NEVER TRUE

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ALWAYS/NEVER TRUE

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**ALWAYS/NEVER TRUE**

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**ALWAYS/NEVER TRUE**

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**ALWAYS/NEVER TRUE**

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**ALWAYS/NEVER TRUE**

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**ALWAYS/NEVER TRUE**

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OUTCOMES - LESS STRESSED (FORM 3)
PERCEIVED BENEFITS OF TREATMENT.

DETERMINE IF "NO" MEANS "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

*Because of the treatment received with "provider".....*

OUTCOMES - BEHAVIOR IMPROVED (FORM 3)
PERCEIVED BENEFITS OF TREATMENT.

DETERMINE IF "NO" MEANS "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

*Because of the treatment received with "provider".....*

Has your behavior improved?
Definitions and questions

OUTCOMES - RELATIONSHIP IMPROVED (FORM 3)

PERCEIVED BENEFITS OF TREATMENT.

DETERMINE IF "NO" MEANS "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

Have your family relationships improved (less fighting, more positive interaction, feel better about each other)?

PATIENT SATISFACTION (FORM 3)

INTERVIEWER: ALWAYS ANSWER YES TO ASK FOLLOWING QUESTIONS.

If you needed a "provider" in the future, would you return to the same "provider" again?

IF NO,

Why not? (Record Verbatim)

If you were going to recommend a "provider" to a friend, would you recommend this "provider"?

IF NO,

Why not? (Recorder Verbatim)

PAYMENT (FORM 3)

Do you know how this was paid for?

Did you pay any of the cost yourself?
Did your "parent" pay anything?

How much have you paid in the last 3 months?

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OUTCOMES - RELATIONSHIP IMPROVED (FORM 3)

PERCEIVED BENEFITS OF TREATMENT.

DETERMINE IF "NO" MEANS "NO CHANGE" OR "THIS WAS NEVER A PROBLEM." IF NEVER A PROBLEM, CODE AS STRUCTURALLY MISSING.

Have your family relationships improved (less fighting, more positive interaction, feel better about each other)?

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ATTITUDES AND BARRIERS TO SERVICES

RECEPTIVITY TO SERVICES

GENERAL RECEPTIVITY

The degree to which an individual thinks that professional services for emotional or behavioral problems are generally beneficial and an appropriate response to major problems.

When people have a serious emotional or behavioral problem, do you think it is a good idea for them to try to get help or treatment?

Do you think people like counselors or doctors can help with the kinds of emotional and behavioral problems people have?

GENERAL RECEPTIVITY

0 = Sees professional services as an appropriate response to major emotional or behavioral problems for people
1 = Sees professional services as probably appropriate for major problems for people
2 = Sees professional services as probably not appropriate for major problems for people
3 = Sees professional services as definitely not appropriate for major emotional or behavioral problems for people
PERCEPTION OF BARRIERS TO SERVICE

Subject's statement that certain circumstances or feelings influenced his/her decision to seek treatment for problems or influenced the response to services.

FEAR, DISLIKE, OR DISTRUST OF PROFESSIONALS
Concern or discomfort with using services caused by subject's fear, dislike, or distrust of talking with professionals.

How do you feel about talking with doctors, counselors, or other professionals?

Have you talked with anyone like that about the kinds of problems we have talked about?
Tell me about the last time.
What made you uncomfortable?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when you didn't get help because of this feeling about "doctors"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did this "feeling" make a difference when you got help in the past 3 months?

What difference did it make?

FEAR, DISLIKE, DISTRUST OF PROFESSIONALS

0 = Absent
2 = Present

IF SYMPTOMS

0 = Present but did not keep from getting help
2 = Present and delayed subject from getting some/other particular services in past 3 months
3 = Present and stopped subject from getting some/other particular services

IF SERVICES

0 = Present, but no effect on services
2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk freely, not follow recommendations, etc.)
3 = Quit getting services
## Definitions and questions

### PREVIOUS NEGATIVE EXPERIENCE
Concern or discomfort with using services caused by subject’s previous negative experience with professional(s).

*Have you ever had a "bad experience/trouble" with a "professional/provider" that kept you from getting help again?*

*Tell me about it.*

**IF SYMPTOMS IN LAST 3 MONTHS, ASK:**

*Were there any times in the past 3 months when you didn't get help because of “this experience”?*

**IF SERVICES IN LAST 3 MONTHS, ASK:**

*Did “this experience” make a difference when you got help in the past 3 months?*

*What difference did it make?*

### SELF-CONCIOUSNESS
Reluctance to use services caused by self-consciousness about admitting having a problem or about seeking help for it. Also inability to talk with anyone about such sensitive issues.

*Is it hard for you to talk to others about a problem?*

*Or to ask others for help?*

*Do you feel embarrassed or self-conscious?*

**IF SYMPTOMS IN LAST 3 MONTHS, ASK:**

*Were there any times in the past 3 months when you didn't get help because it would be “embarrassing”?*

**IF SERVICES IN LAST 3 MONTHS, ASK:**

*Did this “feeling” make a difference when you got help in the past 3 months?*

*What difference did it make?*

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<td>3 = Quit getting services</td>
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**ANTICIPATION OF NEGATIVE REACTION**

Reluctance to use services caused by anticipation of a negative reaction from family, friends, or others to seeking treatment for an emotional or mental problem.

*Are you concerned about what your family will think about you getting help?*

*Or about what your friends would think?*

*Or about what others would think?*

What do you think they would say?

**IF SYMPTOMS IN LAST 3 MONTHS, ASK:**

Were there any times in the past 3 months when you didn’t get help because you were “concerned what others would think”?

**IF SERVICES IN LAST 3 MONTHS, ASK:**

Did “this concern” make a difference when you got help in the past 3 months?

What difference did it make?

**ANTICIPATION OF OUT OF HOME PLACEMENT**

Reluctance to use services caused by fear that subject's children might be at greater risk of out-of-home placement.

*Were you concerned that you might be taken from your home?*

*Or that you might have to go live somewhere else?*

What did you think might happen?

**IF SYMPTOMS IN LAST 3 MONTHS, ASK:**

Were there any times in the last 3 months when you didn’t get help because of “this concern”?

**IF SERVICES IN LAST 3 MONTHS, ASK:**

Did “this concern” make a difference when you got help in the past 3 months?

What difference did it make?
ANTICIPATED LOSS OF PARENTAL RIGHTS
Reluctance to use services caused by fear that subject might be seen as an unfit parent and lose parental rights.

Were you concerned that your parents might not be allowed to take care of you anymore?

What did you think might happen?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:
Was there any time in the last 3 months when you didn't get help because of “this concern”?

IF SERVICES IN LAST 3 MONTHS, ASK:
Did “this concern” make a difference when you got help in the past 3 months?

What difference did it make?

INCOMPLETE INFORMATION
Difficulty in getting services caused by lack of information about where to get services or how to arrange them.

Did lack of information about who to see make it harder for you to get services?

Do you think you need more information about who to see about a problem?

How would (did) you try to find out who to see?
Who would (did) you ask about finding the right person?
Would (did) your parents know how to find the right person?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:
Were there any times in the last 3 months when you didn't get help because you didn't know who to see about the problem?

IF SERVICES IN LAST 3 MONTHS, ASK:
When you got help in the past 3 months, did you have trouble finding out who to see?
TIME

Reluctance to use services caused by lack of time to get treatment or to make arrangements for treatment.

Are you concerned about having enough time to get help?

Do you have time to go to appointments?
Or time to make arrangements?
How much time would be needed?
What would you not be able to do?
Would you have to miss school? How much?
Would you have to give up a job?
Would you miss out on seeing friends?
Would you have to give up doing things you enjoy?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when you didn’t get help because of “the time commitment”?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did time make a difference when you got help in the past 3 months?

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</table>
Definitions and questions

**COST**

Inability to use services or underutilization of services caused by perception that services could not be afforded or paid for.

*Are you bothered about the cost of getting help?*

What do you think it would cost?  
How did you find out what it would cost?

*IF SYMPTOMS IN LAST 3 MONTHS, ASK:*

Were there any times in the past 3 months when you didn't get help because it would cost too much?

*IF SERVICES IN LAST 3 MONTHS, ASK:*

Did cost make a difference when you got help in the past 3 months?

What difference did it make?

*IF CONCERN ABOUT COST, ASK:*

Was that because your insurance would not cover the cost?

Would your insurance cover part? Could you afford the rest?

COST

<table>
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<td>0 = Absent</td>
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**Coding rules**

**CONCERN ABOUT COST**

0 = Absent  
2 = Present

**IF SYMPTOMS**

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**IF SERVICES**

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3 = Quit getting services

**INSURANCE**

0 = Insurance covered cost or could afford co-payment  
2 = No insurance or insurance coverage insufficient

Codes

- CPA9I01
- CPA9I02
- CPA9I03
- CPA9I04
TRANSPORTATION
Reluctance to use services caused by difficulty getting to treatment site.

**Is it difficult for you to get to “treatment” location?**

How far would you need to go?
What transportation would (do) you need to get there?
Is that available?
Why wouldn’t you use it?

**IF SYMPTOMS IN LAST 3 MONTHS, ASK:**

Were there any times in the past 3 months when you didn’t get help because you “had no transportation and couldn’t get there”?

**IF SERVICES IN LAST 3 MONTHS, ASK:**

Did transportation make a difference when you got help in the past 3 months?

What difference did it make?

BUREAUCRATIC DELAY
This item includes bureaucratic hurdles such as excessive pre-visit paperwork or authorizations, difficulty getting an appointment in a timely fashion or being put on a waiting list, or offices where the phone is not answered or calls are not returned.

**Have there been difficulties getting services because of “the system”?**

Have you had trouble getting through on the phone?
Were you put on a waiting list?

**IF SYMPTOMS IN LAST 3 MONTHS, ASK:**

Were there any times in the past 3 months when you didn’t get help because of “bureaucratic delay”?

**IF SERVICES IN LAST 3 MONTHS, ASK:**

Did bureaucratic delay make a difference when you got help in the past 3 months?
Definitions and questions

**SERVICE NOT AVAILABLE**
Non-availability of a particular service desired by a subject (such as counseling or drug rehab) because it does not exist in the area where the subject lives.

Are there particular services you would like to use to get help that are not available where you live?

What kind of service?

**IF SYMPTOMS IN LAST 3 MONTHS, ASK:**
Were there any times in the past 3 months when you didn't get help because that service is not available around here?

**IF SERVICES IN LAST 3 MONTHS, ASK:**
Did availability or existence of services make a difference when you got help in the last 3 months?

What difference did it make?

**REFUSAL TO TREAT**
Being refused by the service for various reasons: lack of space/beds, problematic history of subject, fear of liability, etc.

Did any service agency refuse to provide treatment for you?

What was the reason given?

What do you think was the reason?

**IF SYMPTOMS IN LAST 3 MONTHS, ASK:**
Were there any times in the past 3 months when you didn't get help because you were refused treatment?

**IF SERVICES IN LAST 3 MONTHS, ASK:**
Did this refusal to treat make a difference when you got help in the last 3 months?

What difference did it make?

Coding rules

**PROBLEM WITH AVAILABILITY**

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<th>CPB7I01</th>
<th>Intensity</th>
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**REFUSAL TO TREAT**

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CHILD OR PARENT REFUSES TREATMENT

The subject refused to go for treatment for which s/he was referred by a professional; or, the spouse/partner refuses to allow the subject’s participation.

Have you refused to go to any treatment services?

Have your “parent” refused to allow you to get treatment?

What was the reason?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when you didn’t get help because you or your “parent” refused treatment?

IF SERVICES IN PAST 3 MONTHS, ASK:

Did your “parent’s” refusal to go to treatment make a difference in getting help in the last 3 months?

Did your “parent’s” refusal make a difference in getting help in the last 3 months?
**Definitions and questions**

**LANGUAGE**
Reluctance to use services caused by lack of professionals who speak the native language of this family. Do not include a speech defect in a parent or subject whose native language is English.

**What languages are spoken in your home?**

Do your parents speak English?

IF ENGLISH IS ONLY LANGUAGE, SKIP TO OTHER BARRIERS.

Is it hard for you to talk about your problems in English? Is it hard for your parents?

**IF SYMPTOMS IN LAST 3 MONTHS, ASK:**

Were there any times in the last 3 months when you didn’t go see someone about a problem because of having to speak English?

**IF SERVICES IN LAST 3 MONTHS, ASK:**

Did having to speak English make a difference when you got help in the past 3 months?

What difference did it make?

### Coding rules

**LANGUAGES SPOKEN IN THE HOME**

<table>
<thead>
<tr>
<th>Code</th>
<th>Language Description</th>
</tr>
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<tbody>
<tr>
<td>0</td>
<td>English is first language</td>
</tr>
<tr>
<td>1</td>
<td>English is second language and other first language(s) is spoken in the home</td>
</tr>
<tr>
<td>2</td>
<td>Only other language(s), not English, spoken in the home</td>
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**OTHER LANGUAGE(S)**

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<tr>
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<td>2</td>
<td>Child is so bothered that s/he becomes emotionally upset or physically aggressive and/or avoids the situations as much as possible.</td>
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**LANGUAGE BARRIER**

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OTHER BARRIERS
Reluctance to use services caused by other factors.

Are there other things that you are concerned about in relation to getting help for your problems?

What are they?
Tell me about that.

IF SYMPTOMS IN LAST 3 MONTHS, ASK:
Were there any times in the past 3 months when you didn't get help because of X?

How did it keep him/her from getting help?

IF SERVICES IN LAST 3 MONTHS, ASK:
Did X make a difference when you got help in the past 3 months?

What difference did it make?

IF NO CONCERNS OR BARRIERS IDENTIFIED IN ENTIRE SECTION, SKIP TO NEXT SECTION.
IF IF CONCERNS OR BARRIERS IN LAST 3 MONTHS, OTHERWISE..., SKIP TO END.
RELATIVE IMPACT OF BARRIERS
Subject's weighting of the relative importance of the barriers to service.

You've told me that "barriers" made a difference in the help you got.

Which ones bothered you the most?

Which ones made the most difference in the services you got?

BARRIERS REPORTED
0 = Absent
2 = Present

RELATIVE IMPACT OF BARRIERS
1 = Fear, dislike, or distrust of professionals
2 = Previous negative experience
3 = Self-consciousness
4 = Anticipated negative reaction
7 = Lack Of Information
8 = Time
9 = Cost
10 = Problem With Transportation
11 = Language Barrier
12 = Other Barrier
13 = Bureaucratic delay
14 = Service not available
15 = Refusal to treat
16 = Refuses treatment
17 = Anticipated Loss of Own Children
18 = Anticipated Loss Of Parental Rights
SERVICES AFFECTED
Subject's listing of the providers/treatment settings whose services were most affected by the above barriers.

Which "services" were affected the most?
Who didn't you go to see?
Is there someone you would like to have seen?
Or an agency you would have liked to go to for services?

TREATMENT SETTING(S) AFFECTED
0 = Absent
2 = Present

TREATMENT SETTING
1 = Psychiatric Hospital
2 = Psychiatric unit in general hospital
3 = Drug/alcohol/detox unit
4 = Medical inpatient unit in hospital
5 = Residential treatment center
6 = Detention center/training school/jail
7 = Group home/emergency shelter
10 = Sheltered living/habilitation/halfway house
11 = Partial hospitalization/day program
12 = Drug/alcohol clinic
15 = Crisis/Rape Crisis Center
16 = In-home counseling/crisis services
17 = Private professional treatment
21 = College based professional
22 = Professor/Instructor
23 = Marriage Counselor
24 = Work Related Services
25 = Non-professional help at work
26 = Social Services
27 = Probation/Parole Officer
28 = Court Counselor
29 = Family Doctor/Other MD
30 = Hospital ER
31 = Vocational Rehab/Sheltered Workshop/Job Training
32 = Religious Counselor
33 = Other Healer/Alternative Practitioner
34 = Crisis Hotline
35 = Self Help Group
36 = Internet Support Group
37 = Help From Relatives
### Definitions and questions

### Coding rules

38 = Other Non-professional help
39 = Help from friends

### Codes