THE CHILD AND ADOLESCENT

PSYCHIATRIC ASSESSMENT

(CAPA)

Child Interview
Version 5.0

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Child and Adolescent Psychiatric Assessment

Definitions and questions

Codes

INTERVIEW #

CAA3X01
PVIEWER

INTERVIEWER

CAP0X01
PINTLOC

FIRST DAY OF PRIMARY PERIOD

, ,

CAQ1D01

TIME AT BEGINNING OF INTERVIEW

TIME AT END OF INTERVIEW

:

FOR REVIEW ONLY

Definitions and questions

Codes

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 — CQA9X01 ☐

Misleading Answers or Lies — CQA9X02 ☐

Did Not Answer Many Questions Verbally — CQA9X03 ☐

Guarded Informant — CQA9X04 ☐

Refused to Continue — CQA9X05 ☐

Impaired Consciousness — CQA9X06 ☐

Intoxicated with Alcohol or Drugs — CQA9X07 ☐

Unsuitable Interview Environment — CQA9X08 ☐

Interviewer Comments

_____
_____
_____
_____

FOR REVIEW ONLY

Definitions and questions

Codes

SUBJECT

GENDER
M=Male
F= Female

CAA0X01
PSEX

DATE OF BIRTH

CAA1O01
DOB
/ /

ETHNIC ORIGIN
1=African American
2= American Indian or Alaskan Native
3= Asian or Pacific Islander
4= Hispanic
5= Other
6= White (European or Middle Eastern)

CEE4X01

BIRTH WEIGHT (pounds/ounces)
/

CEE4D01

GESTATIONAL AGE (Weeks)

CURRENT WEIGHT

CURRENT HEIGHT

CAP7I01

LANGUAGE SPOKEN AT HOME
1= English
2= Spanish
3= Other

CAP9X01

AGE AT ADOPTION (Years and Months)
:

FOR REVIEW ONLY

Definitions and questions

Codes

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

CAB2X01

YEARS BIOLOGICAL PARENTS LIVED TOGETHER

CAB3F01

CAB5X01

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

CAB5X02

Gender
M= Male
F= Female

CAB5X03

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

CSA0X01

FOR REVIEW ONLY

Definitions and questions

Codes

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

CSA1X01

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

CSA1X02

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

CSA1X03

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

CSA1X04

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

CSA2O01

/ /

FOR REVIEW ONLY

Definitions and questions

Codes

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

CAB6X01 ☐

Gender

M= Male
F= Female

CAB6X02 ☐

AGE

CAB6X03 ☐

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

CSA0X02 ☐

FOR REVIEW ONLY

Definitions and questions

Codes

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

CSA3X01

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

CSA3X02

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

CSA3X03

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

CSA3X04

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

CSA4O01

/ /

FOR REVIEW ONLY

Definitions and questions

Codes

PARENTAL FIGURES

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

CAB7X01 ☐

Gender

M= Male
F= Female

CAB7X02 ☐

AGE

CAB7X03 ☐

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

CSA0X03 ☐

FOR REVIEW ONLY

Definitions and questions

Codes

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

CSA5X01 [ ]

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

CSA5X02 [ ]

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

CSA5X03 [ ]

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

CSA5X04 [ ]

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

CSA6O01 [/ /]

FOR REVIEW ONLY

Definitions and questions

Codes

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
10= Foster parent
11= Unrelated adult serving as parent
12= Deceased biological parent
13= Deceased non-biological parent

CAB8X01

Gender

M= Male
F= Female

CAB8X02

AGE

CAB8X03

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

CSA0X04

FOR REVIEW ONLY

Definitions and questions

Codes

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

CSA7X01 ☐

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

CSA7X02 ☐

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

CSA7X03 ☐

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

CSA7X04 ☐

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

CSA8O01 ☐ / /

FOR REVIEW ONLY

Definitions and questions

Codes

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._____ CAA6X01 CAA6X02 CAA6X03 CAA6X04 CAA6X05

2._____ CAA6X06 CAA6X07 CAA6X08 CAA6X09

3._____ CAA6X10 CAA6X11 CAA6X12

FOR REVIEW ONLY

Definitions and questions

Codes

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

4._____

5._____

6._____

CAA6X13
CAA6X14
CAA6X15
CAA6X16
CAA6X17
CAA6X18
CAA6X19
CAA6X20
CAA6X21
CAA6X22
CAA6X23
CAA6X24

FOR REVIEW ONLY

Definitions and questions

Codes

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

7._____ CAA6X25 CAA6X26 CAA6X27 CAA6X28

8._____ CAA6X29 CAA6X30 CAA6X31 CAA6X32

9._____ CAA6X33 CAA6X34 CAA6X35 CAA6X36

FOR REVIEW ONLY

Definitions and questions

Codes

MULTIPLE BIRTH

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

CAA7X01
Twin

CAA7X02
Triplet

CAA7X04
Other Multiple

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

CAA7X03
Birth Order

FOR REVIEW ONLY

Definitions and questions

Codes

OTHERS IN HOUSE

List respondent first

1._____ CAA8X01

2._____ CAA8X02

3._____ CAA8X03

4._____ CAA8X04

5._____ CAA8X05

6._____ CAA8X06

7._____ CAA8X07

8._____ CAA8X08

9._____ CAA8X09

10._____ CAA8X10

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

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 goin 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

CAP0I01 Intensity

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

CAP0X02 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 ENTERIES TO OTHER SECTIONS OF THE INTERVIEW. This section is likely to throw up indications of areas of pathology, which may then be followed up.

PREVIEW ONLY

Definitions and questions | Coding rules | Codes

(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

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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.

FOR PREVIEW ONLY

Definitions and questions | Coding rules | Codes

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

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
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 REVIEW ONLY

Definitions and questions	Coding rules	Codes
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.		

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
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.***		

PSRA REVIEW ONLY

Definitions and questions	Coding rules	Codes
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.***		

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

ETHNIC ORIGIN/RACE — CUB3I01

Intensity

0 = Absent

2 = Present

SPANISH, HISPANIC, OR LATINO: BIOLOGICAL MOTHER — CUB3X01

0 = Absent

2 = Present

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
What race is your biological mother, the mother who gave birth to you? You can choose more than one race.	**ETHNIC ORIGIN/RACE: BIOLOGICAL MOTHER**	CUB3X02
Is she American Indian or Alaskan Native?	1 = American Indian or Alaska Native	
Is she Asian?	2 = Asian	CUB3X03
African-American or Black African?	3 = Native Hawaiian or Other Pacific Islander	
White, that is, of European, Middle Eastern, or North African origin?	4 = Black or African American	CUB3X04
Native Hawaiian or other Pacific Islander?	5 = White	
Some other race that I have not mentioned?	6 = Some Other Race	CUB3X05
		CUB3X06
		CUB3X07
ETHNIC ORIGIN/RACE: BIOLOGICAL FATHER		
NOTE: RACE ALWAYS PRESENT.	**ETHNIC ORIGIN/RACE**	CUB4I01 Intensity
	0 = Absent	
	2 = Present	
Is your biological father Spanish, Hispanic, or Latino?	**SPANISH, HISPANIC, OR LATINO: BIOLOGICAL FATHER**	CUB4X01
	0 = Absent	
	2 = Present	

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
What race is your biological father of you? You can choose more than one.	**ETHNIC ORIGIN/RACE: BIOLOGICAL FATHER**	CUB4X02
Is he American Indian or Alaskan Native?	1 = American Indian or Alaska Native	
Is he Asian?	2 = Asian	CUB4X03
African-American or Black African?	3 = Native Hawaiian or Other Pacific Islander	
White, that is, of European, Middle Eastern, or North African origin?	4 = Black or African American	CUB4X04
Native Hawaiian or other Pacific Islander?	5 = White	
Is he some other race that I have not mentioned?	6 = Some Other Race	CUB4X05
		CUB4X06
		CUB4X07
ETHNIC ORIGIN/RACE: CHILD		
NOTE: RACE ALWAYS PRESENT.	**ETHNIC ORIGIN/RACE**	CUB5I01 Intensity
	0 = Absent	
	2 = Present	
Are you Spanish, Hispanic, or Latino?	**SPANISH, HISPANIC, OR LATINO: CHILD**	CUB5X01
	0 = Absent	
	2 = Present	

FOR REVIEW ONLY

Definitions and questions

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

Codes

CUB5X02

CUB5X03

CUB5X04

CUB5X05

CUB5X06

CUB5X07

CAA9X99
Intensity

CAA9X01
Duration

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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

Ever:CAB1I01
Intensity

FOSTER CARE

0 = No

2 = Yes

CAB1E01
Intensity

NUMBER OF FOSTER HOMES

Ever:CAB1F01

DATE OF FOSTER PLACEMENT

Ever:CAB1O01
/ /

DATE OF CURRENT FOSTER PLACEMENT

CAB0O01
/ /

YEARS

CAB1D01

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.

LIVING AT HOME

0 = Absent

2 = Present

PAB9I01
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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.

EXCLUSIVE PARTNERSHIP

0 = Absent

2 = Present

PAC0I01 Intensity

DATING

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

DATING

0 = Absent

2 = Present

PAC1I01 Intensity

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?

LIVING AT HOME

0 = Present

2 = Absent

CAC2I01 Intensity

NUMBER OF WEEKS LIVING AT HOME IN THE LAST THREE MONTHS

CAC2F01

FOR REVIEW ONLY

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

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

CAC3O01

/ /

CAC3X01

CAC3X02

CAC3X03

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 incvoved with parents.

ACTIVITES 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. togther?
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 happend?

ACTIVITIES WITH PARENT

0 = All or most (atleast 75%) shared activities said to be a source of enjoyment to child

2 = At least some (25-74%) shared activities are a souce of tension, worry, or disinterest to the child.

3 = All mor most (at least 75%) shared activities are a souce of tension, worry, or disinterest to the child.

CAC4I01 Intensity

ACTIVITIES WITH PARENT #2

Activities with parental involvement are coded here.

What about "Parent #2"?

Do you enjoy doing things with him/her?

ACTIVITIES WITH PARENT

0 = All or most (atleast 75%) shared activities said to be a source of enjoyment to child

2 = At least some (25-74%) shared activities are a souce of tension, worry, or disinterest to the child.

3 = All mor most (at least 75%) shared activities are a souce of tension, worry, or disinterest to the child.

PAC4I02 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 form 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?

CHILD-PARENT COMMUNICATION — CAC5X01 Intensity

0 = Absent

2 = Present

PARENT #1 - CHILD CONVERSATIONS — CAC5F01

PARENT #2 - CHILD CONVERSATIONS — CAC5F02

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?
Waht about your "Other Parent"?

PARENT USES CHILD AS CONFIDANT(E) — CAC6X01 Intensity

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 paren'ts 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).

FOR REVIEW ONLY

Definitions and questions

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"?

Coding rules

TIME SPENT WITH PARENTS

0 = Absent

2 = Present

HOURS

HOURS

Codes

CAC7X01
Intensity

CAC7D01

CAC7D02

FOR REVIEW ONLY

Definitions and questions

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 discilpinary strategies; and/or is not concerned, or does not attempt to interveve, 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 leat 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

PAC8I01
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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 discilpinary strategies; and/or is not concerned, or does not attempt to interveve, 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.

What about with parent #2?

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 leat 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.

PAC8I02 Intensity

OVERINVOLVEMENT BY PARENT #1

Parent is unusually intrusive into, and controlling of, the child's life, to a degree that involves infantilazation of the child. For instance, by exessive checking of the child's ativities, 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?

OVERINVOLVMENT BY PARENT

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

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

3 = As 2, but reaching extreme proportions

PAC9I01 Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

OVERINVOLVEMENT BY PARENT #2

Parent is unusually intrusive into, and controlling of, the child's life, to a degree that involves infantilazation of the child. For instance, by exessive checking of the child's ativities, preventing age-appropriate independent behavior or decision-making (such as selecting friends or clothes).

What about Parent #2?

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

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

3 = As 2, but reaching extreme proportions

PAC9I02 Intensity

HARSH DISCIPLINE BY PARENT #1

One or both parents uses a harsh, restrictive or phsyical 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

0 = Absent

2 = A disciplineary stlye thta is more severe than most parents would use, but delivered in a basically nurturant setting.

3 = Severe discipline, delievered coldlt, or frequently in anger, unaccompanied by a generally nuturant atmosphere.

PAD0I01 Intensity

HARSH DISCIPLINE BY PARENT #2

One or both parents uses a harsh, restrictive or phsyical disciplinary style, leading to punishments that are more severe than would usually be thought appropriate.

What about your "parent #2"?

HARSH DISCIPLINE BY PARENT

0 = Absent

2 = A disciplineary stlye thta is more severe than most parents would use, but delivered in a basically nurturant setting.

3 = Severe discipline, delievered coldlt, or frequently in anger, unaccompanied by a generally nuturant atmosphere.

CAD0I02 Intensity

FOR REVIEW ONLY

Definitions and questions

NUMBER OF ARGUMENTS WITH PARENT #1

An argument is defined as as disagreement, lasting at least 5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or phsyical 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 phsyical?
What happened?
Have you "hit" your "parent #1" over the last three months?

Coding rules

NUMBER OF ARGUMENTS

0 = Absent

2 = Present

ARGUMENTS WITH PHSYICAL VIOLENCE BY CHILD

0 = Absent

2 = Present

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD (P1)

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD (P1) FREQUENCY

OTHER PHSYICAL VIOLENCE BY CHILD (WITHOUT ARGUMENTS)

0 = Absent

2 = Present

OTHER PHYSICAL VIOLENCE BY CHILD (P1) FREQUENCY

OTHER PHYSICAL VIOLENCE BY CHILD (P1) ONSET

Codes

A1B2C03
Intensity

CAD1F01
Frequency

CAD1O01
Onset
/ /

CAD2I01

CAD2F01

CAD2O01
/ /

CAD3I01

CAD3F01

CAD3O01
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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 vioces, shouting, verbal abuse, or phsyical 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 phsyical?
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).

NUMBER OF ARGUMENTS

0 = Absent

2 = Present

abc1112
Intensity

CAD4F01
Frequency

CAD4O01
Onset
/ /

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD

0 = Absent

2 = Present

CAD5I01

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD (P2) FREQUENCY

CAD5F01

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD (P2) ONSET

CAD5O01
/ /

OTHER PHYSICAL VIOLENCE BY CHILD (WITHOUT ARGUMENTS)

0 = Absent

2 = Present

CAD6I01

OTHER PHYSICAL VIOLENCE BY CHILD (WITHOUT ARGUMENTS P2) FREQUENCY

CAD6F01

OTHER PHYSICAL VIOLENCE BY CHILD (P2) ONSET

CAD6O01
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

CHILD HAS SIBLINGS

0 = Absent

2 = Present

CAD7I90 Intensity

SELECTIVE NEGATIVE VIEW BY PARENT #1

0 = Target child treated in same way as rest of children.

2 = Target child consistently treated differently from other children in a negative manner, in some areas.

3 = Target child is regarded as being markedly different from other children in family, and subjected to markedly different rules or restrictions.

CAD7I01

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?

SELECTIVE NEGATIVE VIEW BY PARENT #2

0 = Target child treated in same way as rest of children.

2 = Target child consistently treated differently from other children in a negative manner, in some areas.

3 = Target child is regarded as being markedly different from other children in family, and subjected to markedly different rules or restrictions.

CAD7I02 Intensity

IF CHILD HAS "OTHER PARENT #1" AND/OR "OTHER PARENT #2", COMPLETE "OTHER PARENTING". OTHERWISE, SKIP TO "RELATIONSHIPS WITH SIBLINGS", (PAGE 52).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

FOR REVIEW ONLY

Definitions and questions

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

CHILD HAS "OTHER PARENT #1"

0 = Absent

2 = Present

OTHER PARENT #1: NUMBER OF VISITS

OTHER PARENT #1: DURATION OF VISITS

0 = >1 week

1 = 1 day- 1 week

2 = < 1 day

3 = < 5 hours

NUMBER OF PHONE CALLS/LETTERS TO OR FROM OTHER PARENT #1 IN LAST 3 MONTHS

OTHER PARENT #1: 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).

Codes

CAD8I01
Intensity

CAD8F01

CAD8D01

CAD9F01

CAE0I01

FOR REVIEW ONLY

Definitions and questions

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).

Codes

CAE1I01 Intensity

CAE1F01

CAE1D01

CAE2F01

CAE3I01

FOR REVIEW ONLY

Definitions and questions

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 argumetns last?
How many arguments have you had wtih 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?

Coding rules

ARGUMENTS WTIH OTHER PARENT

0 = Absent

2 = Present

ARGUMENTS WTIH PHYSICAL VIOLENCE BY CHILD

0 = No

2 = Yes

3 = No Contact

ARGUMENTS WITH PHSYICAL VIOLENCE BY CHILD

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD - ONSET

OTHER PHYSICAL VIOLENCE BY CHILD

0 = No

2 = Yes

3 = No Contact

OTHER PHYSICAL VIOLENCE BY CHILD (WITHOUT ARGUMENTS)

PAE6O01

Codes

INTBF38
Intensity

CAE4F01
Frequency

CAE4O01
Onset
/ /

CAE5I01

CAE5F01

CAE5O01
/ /

CAE6I01

CAE6F01

CAE6O01
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

NUMBER OF ARGUMENTS

0 = Absent

2 = Present

INTBF13
Intensity

CAE7F01
Frequency

CAE7O01
Onset
/ /

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD

0 = No

2 = Yes

CAE8I01

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD - FREQUENCY

CAE8F01

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD - ONSET

CAE8O01
/ /

OTHER PHYSICAL VIOLENCE BY CHILD (WITHOUT ARGUMENTS)

0 = No

2 = Yes

CAE9I01

OTHER PHYSICAL VIOLENCE BY CHILD (WITHOUT ARGUMENTS) - FREQUENCY

CAE9F01

OTHER PHYSICAL VIOLENCE BY CHILD (WITHOUT ARGUMENTS) - ONSET

CAE9O01
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

PARENTAL ARGUMENTS

0 = Absent

2 = Present

CAF0I01
Intensity

CAF0F01
Frequency

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 eachother?

INTER-PARENTAL PHYSICAL VIOLENCE

0 = Absent

2 = Present

Ever:CAF1E01
Intensity

LAST 3 MONTHS: INTER-PARENTAL PHYSICAL VIOLENCE

0 = Absent

2 = Present

CAF1I01
Intensity

CAF1F01
Frequency

ONSET OF INTER-PARENTAL PHYSICAL VIOLENCE

Ever:CAF1O01

/ /

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).

FOR REVIEW ONLY

Definitions and questions

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

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

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 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?

ARGUMENTS BETWEEN CURRENT PARENT AND OTHER PARENT #1 — CAF6I01 Intensity

0 = Absent

2 = Present

CAF6F01 Frequency

ONSET: ARGUMENTS BETWEEN PARENT AND OTHER PARENT — CAF6O01 / /

FOR REVIEW ONLY

Definitions and questions

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).

Coding rules

PHYSICAL VIOLENCE BETWEEN CURRENT PARENT AND OTHER PARENT #1

0 = Absent

2 = Present

PHYSICAL VIOLENCE BETWEEN CURRENT PARENT AND OTHER PARENT #1 IN LAST 3 MONTHS

0 = Absent

2 = Present

ONSET: INTER-PARENTAL VIOLENCE

Codes

Ever:CAF7E01
Intensity

CAF7I01
Intensity

Ever:CAF7O01
/ /

CAF7F01
Frequency

FOR REVIEW ONLY

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

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

CAF8I01
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

CHILD'S CURRENT PARENT

1 = Parent #1.

2 = Parent #2.

CAF9X01 Intensity

CAG0F01 Frequency

QUALITY OF RELATIONSHIP BETWEEN CURRENT PARENT AND OTHER PARENT #2

0 = No evidence of relationship problems.

2 = Relationship has some negative aspects.

3 = Relationship almost completely negative.

CAG1I01

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?

ARGUMENTS BETWEEN CURRENT PARENT AND OTHER PARENT #2

0 = Absent

2 = Present

CAG2I01 Intensity

CAG2F01 Frequency

ONSET: ARGUMENTS BETWEEN PARENT AND OTHER PARENT #2

CAG2O01 / /

FOR REVIEW ONLY

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?

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).

Coding rules

PHYSICAL VIOLENCE BETWEEN CURRENT PARENT AND OTHER PARENT #2

0 = Absent

2 = Present

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

0 = Absent

2 = Present

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

Codes

Ever:CAG3E01
Intensity

Ever:CAG3F01
Frequency

CAG3I01
Intensity

Ever:CAG3O01
/ /

FOR REVIEW ONLY

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?
What happens then?
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

CAG4I01
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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)?

DISRUPTION OF LIFE ROLE - PARENT #1

0 = Absent

2 = Present

Ever:CAG5E01
Intensity

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?

SOUGHT TREATMENT FROM MENTAL HEALTH PROFESSIONAL

0 = Absent

2 = Present

Ever:CAG6E01
Intensity

PARENTAL PSYCHOLOGICAL PROBLEMS-RECEIVED MEDICATION

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

What sort of medication?

RECEIVED MEDICATION

0 = Absent

2 = Present

Ever:CAG7E01
Intensity

PARENTAL PSYCHOLOGICAL PROBLEMS-HOSPITALIZED FOR MENTAL HEALTH PROBLEM

Has your parent ever been hospitalized for mental health problems?

HOSPITALIZED FOR MENTAL HEALTH PROBLEM

0 = Absent

2 = Present

Ever:CAG8E01
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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).

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
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?***	**DISRUPTION OF LIFE ROLE** 0 = Absent 2 = Present	Ever:CAG9E01 Intensity ☐
PARENTAL PSYCHOLOGICAL PROBLEMS BY PARENT #2- SOUGHT TREATMENT ***Has your "parent" ever sought treatment from a mental health profession?*** ***Who from?*** ***What sort of treatment?***	**SOUGHT TREATMENT FROM MENTAL HEALTH PROFESSIONAL** 0 = Absent 2 = Present	Ever:CAH0E01 Intensity ☐
PARENTAL PSYCHOLOGICAL PROBLEMS BY PARENT #2- RECEIVED MEDICATION ***Has your "parent" ever received medication for any "emotional," "nervous," or "depression" problems?***	**RECEIVED MEDICATION** 0 = Absent 2 = Present	Ever:CAH1E01 Intensity ☐
PARENTAL PSYCHOLOGICAL PROBLEMS BY PARENT #2- HOSPITALIZED FOR MENTAL HEALTH PROBLEMS ***Has your "parent" ever been hospitalized for mental health problems?***	**HOSPITALIZED FOR MENTAL HEALTH PROBLEM** 0 = Absent 2 = Present	Ever:CAH2E01 Intensity ☐
IF CHILD DOES NOT HAVE OTHER PARENT(S) LIVING OUTSIDE OF HOME, SKIP TO "PARENTAL SUBSTANCE USE PROBLEMS- PROBLEMS RELATED TO ALCOHOL", (PAGE 43).		

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #1- DISRUPTION OF LIFE ROLE		
What about your "Other Parent(s)"?	**DISRUPTION OF LIFE ROLE - OTHER PARENT #1**	Ever:CAH3E01 Intensity
Does s/he have any "emotional" or "nervous" problems like "depression" or "nerves"?	0 = Absent	
Has s/he ever?	2 = Present	
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?	**SOUGHT TREATMENT FROM MENTAL HEALTH PROFESSIONAL-OP1**	Ever:CAH4E01 Intensity
Who from?	0 = Absent	
What sort of treatment?	2 = Present	
PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #1- RECEIVED MEDICATION		
Has s/he ever received medication for any "emotional," "nervous," or "depression" problems?	**RECEIVED MEDICATION- OP1**	Ever:CAH5E01 Intensity
	0 = Absent	
	2 = Present	
PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #1- HOSPITALIZED FOR MENTAL HEALTH PROBLEMS		
Has s/he ever been hospitalized for mental health problems?	**HOSPITALIZED FOR MENTAL HEALTH PROBLEMS- OP1**	Ever:CAH6E01 Intensity
	0 = Absent	
	2 = Present	
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?	**DISRUPTION OF LIFE ROLE**	Ever:CAH7E01 Intensity
	0 = Absent	
	2 = Present	

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
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?***	**SOUGHT TREATMENT FROM MENTAL HEALTH PROFESSIONAL (OP2)** 0 = Absent 2 = Present	Ever:CAH8E01 Intensity [ ]
PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #2- RECEIVED MEDICATION		
Has s/he ever received medication for any "emotional," "nervous," or "depression" problems?	**RECEIVED MEDICATION (OP2)** 0 = Absent 2 = Present	Ever:CAH9E01 Intensity [ ]
PARENTAL PSYCHOLOGICAL PROBLEMS BY OTHER PARENT #2- HOSPITALIZED FOR MENTAL HEALTH PROBLEM		
Has s/he ever been hospitalized for mental health problems?	**HOSPITALIZED FOR MENTAL HEALTH PROBLEMS** 0 = Absent 2 = Present	Ever:CAI0E01 Intensity [ ]

FOR REVIEW ONLY

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?

Coding rules

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.

Codes

CAI1I01
Intensity

Ever:CAI2E01
Intensity

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
PARENTAL SUBSTANCE USE PROBLEMS- SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM		
Has s/he ever had any treatment for his/her drinking?	**SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM** 0 = Absent 2 = Treatment for alcohol. 3 = Treatment for drugs. 4 = Treatment for both.	Ever:CAI3E01 Intensity ☐
PARENTAL SUBSTANCE USE PROBLEMS- HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM		
Has s/he ever been hospitalized for alcohol or drug use?	**HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM** 0 = Absent 2 = Hospitalized for alcohol. 3 = Hospitalized for drugs. 4 = Hospitalized for both.	Ever:CAI4E01 Intensity ☐
PARENTAL SUBSTANCE USE PROBLEMS BY PARENT #2- PROBLEMS RELATED TO ALCOHOL/DRUGS		
Tell me about how much your parents drinks. ***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?*	**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.	CAI5I01 Intensity ☐ Ever:CAI6E01 Intensity ☐

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
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?***	**SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM (P2)** 0 = Absent 2 = Treatment for alcohol. 3 = Treatment for drugs. 4 = Treatment for both.	Ever:CAI7E01 Intensity ☐
PARENTAL SUBSTANCE USE PROBLEMS BY PARENT #2- HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM ***Has s/he ever been hospitalized for alcohol or drug use?***	**HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM** 0 = Absent 2 = Hospitalized for alcohol. 3 = Hospitalized for drugs. 4 = Hospitalized for both.	Ever:CAI8E01 Intensity ☐
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?*	**CURRENTLY USES DRUGS/HAS ALCOHOL PROBLEM - OTHER PARENT #1** 0 = Absent 2 = Present **PROBLEMS RELATED TO ALCOHOL/DRUGS - OTHER PARENT #1** 0 = Absent 2 = Problem with alcohol. 3 = Problem with drugs. 4 = Problem with both.	CAI9I01 Intensity ☐ Ever:CAJ0E01 Intensity ☐

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
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?***	**SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM (OP1)** 0 = Absent 2 = Treatment for alcohol. 3 = Treatment for drugs. 4 = Treatment for both.	Ever:CAJ1E01 Intensity ☐
PARENTAL SUBSTANCE USE PROBLEMS BY OTHER PARENT #1- HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM		
Has s/he ever been hospitalized for alcohol or drug use?	**HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM** 0 = Absent 2 = Hospitalized for alcohol. 3 = Hospitalized for drugs. 4 = Hospitalized for both.	Ever:CAJ2E01 Intensity ☐
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?***	**CURRENTLY USING DRUGS/ HAS ALCOHOL PROBLEM (OP2)** 0 = Absent 2 = Present	CAJ3I01 Intensity ☐

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
Has s/he ever had a problem with drinking? *How much dos 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?*	**PROBLEM RELATED TO ALCOHOL/DRUGS (OP2)** 0 = Absent 2 = Problem with alcohol. 3 = Problem with drugs. 4 = Problem with both.	Ever:CAJ4E01 Intensity ☐
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?***	**SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM (OP2)** 0 = Absent 2 = Treatment for alcohol. 3 = Treatment for drugs. 4 = Treatment for both.	Ever:CAJ5E01 Intensity ☐
PARENTAL SUBSTANCE USE PROBLEMS BY OTHER PARENT #2- HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM ***Has s/he ever been hospitalized for alcohol or drug use?***	**HOSPITALIZED FOR ALCOHOL/DRUG PROBLEM** 0 = Absent 2 = Hospitalized for alcohol. 3 = Hospitalized for drugs. 4 = Hospitalized for both.	Ever:CAJ6E01 Intensity ☐

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

ARRESTED - PARENT #1

0 = Absent

2 = Present

Ever:CAJ7E01
Intensity

ACTION TAKEN BY POLICE - PARENT #1

0 = Not charged.

2 = Charged

Ever:PAJ8E01

DATE OF FIRST CHARGE - PARENT #1

Ever:CAJ8O01
/ /

WORST RESULT OF CHARGE

0 = Not guilty.

2 = Probation and/or community service.

3 = Treatment order.

9 = Fine

10 = Prison/house arrest.

Ever:PAJ8E02

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

CURRENTLY IN JAIL/PRISON - PARENT #1

0 = Absent

2 = Present

CAJ9I01
Intensity

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

MONTHS

Ever:PAJ9V01

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
PARENTAL ADULT ARRESTS AND PROSECUTIONS (PARENT #2)		
Arrest and/or prosecution of parent(s) since age 18.	**ARESSTED - PARENT #2** 0 = Absent 2 = Present	Ever:CAK0E01 Intensity [ ]
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?*	**ACTION TAKEN BY POLICE - PARENT #2** 0 = Not charged. 2 = Charged	Ever:CAK1E01 [ ]
	DATE OF FIRST CHARGE - PARENT #2	Ever:CAK1O01 [/ /]
	WORST RESULT OF CHARGE - PARENT #2 0 = Not guilty. 2 = Probation and/or community service. 3 = Treatment order. 9 = Fine 10 = Prison/house arrest.	Ever:CAK1E02 [ ]
Has parent #2 been in prison or jail in the last 3 months?	**CURRENTLY IN JAIL/PRISON - PARENT#2** 0 = Absent 2 = Present	CAK2I01 Intensity [ ]
What is the total amount of time spent in prison or jail?	**MONTHS**	Ever:CAK2V01 [ ]

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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

Codes

Ever:CAK3E01
Intensity

Ever:PAK4E01

Ever:CAK4O01
/ /

Ever:CAK4E02

CAK5I01
Intensity

Ever:CAK5V01

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

ARRESTED - OTHER PARENT #2

0 = Absent

2 = Present

Ever:CAK6E01
Intensity

ACTION TAKEN BY POLICE - OTHER PARENT #2

0 = Not charged.

2 = Charged

Ever:CAK7E01

DATE OF FIRST CHARGE - OTHER PARENT #2

Ever:CAK7O01
/ /

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.

Ever:CAK7E02

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

CURRENTLY IN JAIL/PRISON - OTHER PARENT #2

0 = Absent

2 = Present

CAK8I01
Intensity

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

MONTHS

Ever:CAK8V01

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

CHILD HAS SIBLINGS

0 = Absent

2 = Present

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

Codes

CAK9I90 Intensity

CAK9X01

CAK9X02

CAK9X03

CAK9X04

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
	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.	CAK9X05 ☐
	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.	CAK9X06 ☐
	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	CAK9X07 ☐

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
	unpleasurable.	
	RELATIONSHIPS WITH SIBLING #8	CAK9X08
	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	CAK9X09
	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.	

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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.

CAL0I01
Intensity

FOR PREVIEW ONLY

Definitions and questions

Coding rules

Codes

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).

NUMBER OF ARGUMENTS WITH OTHER ADULTS

0 = Absent

2 = Present

abc1101
Intensity

CAL1F01
Frequency

CAL1O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD

0 = No

2 = Yes

CAL2I01 Intensity

CAL2F01 Frequency

CAL2O01 Onset

/ /

OTHER PHYSICAL VIOLENCE BY CHILD

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

OTHER PHYSICAL VIOLENCE BY CHILD

0 = No

2 = Yes

CAL3I01 Intensity

CAL3F01 Frequency

CAL3O01 Onset

/ /

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?

AGE APPROPRIATENESS OF FRIENDS

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.

CAL4I01 Intensity

FOR PREVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

FREQUENCY OF CONTACT WITH PEERS

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.

CAL5I01 Intensity

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?

BEST FRIEND

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.

CAL6I01 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

CONFIDANT(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 wtih?

CONFIDANT(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).

CAL7I01
Intensity
[ ]

CONFIDANT(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?

CONFIDANT(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)

CAL8I01
Intensity
[ ]

OTHER ADULT CONFIDANT(E)

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

OTHER ADULT CONFIDANT(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)

CAL9I01
Intensity
[ ]

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?

NUMBER OF ARGUMENTS

0 = Absent

2 = Present

CAM1XYZ 00
Intensity
[ ]

CAM1F01
Frequency
[ ]

CAM1O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

DIFFICULTY MAKING FRIENDS

0 = Absent

2 = Present

CAM0I03 Intensity

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.

CAM0I01

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.

CAM0I02

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.

0 = Absent

2 = Present with at least one friend.

3 = Most or all friendships characterized by conflictual relationships.

CAM2I01 Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

SHYNESS WITH PEERS

0 = Absent

2 = Shyness involving definite discomfort on meeting new people with whom child has no special reason to feel usch discomfort.

CAM3I01 Intensity

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?

CHILD TEASED OR BULLIED

0 = Absent

2 = The child is a particular and preferred object for bullying or teasing. S/he is at least somewhat singled out for this sort of attention.

CAM4I01 Intensity

HOME

CAM4F01 Home Frequency

DAYCARE/SCHOOL

CAM4F02 Daycare/School Frequency

ELSEWHERE

CAM4F03 Elsewhere Frequency

CAM4O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

"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?

"SCHIZOID" LACK OF INTEREST IN PEOPLE

0 = Absent

2 = Present

CAM5I01 Intensity

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?

LACK OF EMPATHY

0 = Absent

2 = Present

CAM6I01 Intensity

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

BOYFRIEND/GIRLFRIEND

0 = No

2 = Yes

SEXUAL INTERCOURSE

0 = Absent

2 = Present

ONSET - SEXUAL INTERCOURSE

NUMBER OF SEXUAL PARTNERS - CODE ACTUAL NUMBER

NUMER OF PREGNANCIES - CODE ACTUAL NUMBER

PREGNANCY OUTCOME

0 = Still pregnant

1 = Miscarriage

2 = Abortion

3 = Live birth, mother kept child

4 = Live birth, father kept child

5 = Child adopted or cared for by another family member

6 = Child released for extra-familial adoption

7 = Child in foster care

8 = Live birth: mother, father and child live together

9 = Live birth: mother and father live separately, however child lives equal time with each

NUMBER OF CHILDREN

Codes

CAM7I01
Intensity
[ ]

Ever:CAM8E01
Intensity
[ ]

CAM8O01
[/ /]

Ever:CAM9V01
[ ]

Ever:CAN0V01
[ ]

CAN0O01
Onset
[/ /]

CAN1I01
[ ]

CAN1I02
[ ]

CAN1I03
[ ]

CAN2F01
[ ]

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

SCHOOL/WORK PERFORMANCE AND BEHAVIOR
SCHOOL PERFORMANCE AND BEHAVIOR

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 was 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.

TYPE OF SCHOOL

0 = Absent

2 = Present

CBA1XYZ 00
Intensity

TYPE OF SCHOOL

0 = Regular (non-treatment facility) school

1 = Alternative school

2 = Treatment facility school

3 = More than 1 type of school

4 = Home schooling

CBA0X01

CBA1X01
Frequency

EVER REPEATED GRADE

0 = No

2 = Yes

CBA2X01

EVER SKIPPED A GRADE

0 = No

2 = Yes

CBA2X02

WEEKS

CBA3D01
Duration

PRIMARY PERIOD: NUMBER OF DAYS PRESENT

CBA4F01

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

CBA5F01

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF CHILD IS STILL IN SCHOOL, COMPLETE. OTHERWISE , SKIP TO "REGULAR EMPLOYMENT", (PAGE 9).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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

SECONDARY PERIOD

0 = No

2 = Yes

abc0001
Intensity

CBA6O01
Onset
/ /

SECONDARY PERIOD: NUMBER OF DAYS PRESENT

CBA6F01

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

CBA6F02

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

ENROLLED IN TERTIARY PERIOD

0 = No

2 = Yes

abc0002
Intensity

CBA7O01
Onset
/ /

TERTIARY PERIOD: NUMBER OF DAYS PRESENT

CBA7F01

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?

CURRENTLY WORK AFTER SCHOOL

0 = Absent

2 = Present

CBC1I01
Intensity

CBC1F01
Frequency

CBC1O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

CURRENTLY WORK AFTER SCHOOL

0 = Absent

2 = Present

CBC1I01 Intensity

CBC1F01 Frequency

CBC1O01 Onset

/ /

EVER DISMISSED FROM JOB

0 = Absent

2 = Present

CBC2I01

SAFETY OF SCHOOL

How safe is your school?

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

SAFETY OF SCHOOL

0 = Child feels safe.

2 = Child reports feeling unsafe.

3 = Child restricts activities because of lack of safety.

CBA8I01 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

NUMBER OF ARGUMENTS WITH TEACHERS

0 = Absent

2 = Present

BCAYXZ5 00
Intensity

CBB7F01
Frequency

CBB7O01
Onset
/ /

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD

0 = Absent

2 = Present

CBB8I01

ARGUMENTS WITH PHYSICAL VIOLENCE BY CHILD (FREQUENCY)

CBB8F01

NUMBER OF ARGUMENTS WITH TEACHERS (WITH PHYSICAL VIOLENCE)

CBB8O01
/ /

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?

OTHER PHYSICAL VIOLENCE BY CHILD

0 = Absent

2 = Present

CBB9I01
Intensity

OTHER PHYSICAL VIOLENCE BY CHILD -FREQUENCY

CBB9F01

OTHER PHYSICAL VIOLENCE BY CHILD- ONSET

CBB9O01
/ /

FOR REVIEW ONLY

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

ABCM204
Intensity

CBC0F01
Frequency

CBC0O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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.

Coding rules

Codes

LEFT SCHOOL OFFICIALLY

0 = No

2 = Yes

CBA9I01 Intensity

CBA9O01 Onset

/ /

PBB0O01

CBB0O01

/ /

SECONDARY PERIOD: NUMBER OF DAYS PRESENT

CBB0F01

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

CBB0F02

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

CBB1O01

/ /

TERTIARY PERIOD: NUMBER OF DAYS PRESENT

CBB1F01

LAST GRADE COMPLETED

CBB2X01

EVER REPEATED GRADE

0 = No

2 = Yes

Ever:CBB3I01 Intensity

GRADUATED

0 = Yes

2 = No

CBB4I01

EARNED GED

0 = Yes

2 = No

CBB5I01

COMPLETE ALTERNATIVE SCHOOL PROGRAM

0 = Yes

2 = No

CBB6I01

FOR REVIEW ONLY

Definitions and questions

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 has 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

Coding rules

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

0 = Absent

2 = Present

EVER: LONGEST PERIOD OF UNEMPLOYMENT

Codes

Ever:CCB30XX00 Intensity

CBC3I01 Intensity

CBC3I02

CBC3F01

CBC3O01 / /

Ever:CBC3V01

Ever:CBC4E01

Ever:CBC5V01

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 seperation 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?

SKIPPED SCHOOL

0 = Absent

2 = Present

CBC6I01 Intensity

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

MISSING TIME AT SCHOOL

CBC6F01

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 seperation 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?

EVER: SKIPPED SCHOOL (TRUANCY)

0 = Absent

2 = Present

Ever:CBC6E01 Intensity

Ever:CBC6O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

STAYS AT HOME SOME MORNINGS

0 = Does not stay at home

2 = Stays at home at least one occasion in 3 months.

CBC7I01 Intensity

CBC7F01 Frequency

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?

HAS TO BE TAKEN TO SCHOOL

0 = No

2 = Yes, on at least one occasion in last 3 months.

CBC8I01 Intensity

CBC8F01 Frequency

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?

PARENTAL COLLUSION

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

CBC9I01 Intensity

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

RUNS OUT OF SCHOOL

0 = Absent

2 = Present

CHILD FAILS TO REACH, OR LEAVES, SCHOOL AND RETURNS HOME (TRUANCY)

0 = No

2 = Yes

CHILD FAILS TO REACH, OR LEAVES, SCHOOL AND GOES OFF ALONE (TRUANCY)

0 = No

2 = Yes

CHILD FAILS TO REACH, OR LEAVES, SCHOOL AND GOES OFF ALONE (TRUANCY) - FREQUENCY

CHILD FAILS TO REACH, OR LEAVES, SCHOOL AND GOES OFF WITH PEERS (TRUANCY)

0 = No

2 = Yes

CHILD FAILS TO REACH, OR LEAVES, SCHOOL AND GOES OFF WITH PEERS (TRUANCY)-FREQUENCY

Codes

zyxabc9 00
Intensity

CBD0I01

CBD0F01
Frequency

CBD1I01

CBD1F01

CBD2I01

CBD2F01

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

EVER: SCHOOL NON-ATTENDANCE (WORRY/ANXIETY)

0 = Absent

2 = Present

Ever:CBD7E01
Intensity
[ ]

Ever:CBD7O01
Onset
[/ /]

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.

SCHOOL NON-ATTENDANCE (WORRY/ANXIETY)

0 = No

2 = Yes

CBD7I01
Intensity
[ ]

CBD7F01
Frequency
[ ]

FOR REVIEW ONLY

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 TREATMEN FOR SCHOOL NON-ATTENDANCE

0 = Absent

2 = Present

SCHOOL-BASED RESPONSE TO NON-ATTENDANCE

0 = None

2 = Any school-based disciplinary action

3 = Counselling or other therapeutic response

PROFSSIONAL INVOLVEMENT FOR SCHOOL NON-ATTENDANCE

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

0 = No

2 = Code here only when legal action actually under way. Do not code threats of legal action.

Codes

xbayzc4200
Intensity

CBD3I01

CBD4I01

CBD5I01

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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).

SCREEN: SCHOOL NON-ATTENDANCE (WORRYING/ANXIETY)

0 = Absent

2 = Present

CBD6I01
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

WORRIES/ANXIETY OVER GOING TO SCHOOL

WORRIES/ANXIETY ABOUT LEAVING HOME

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 youto calm down?
Can you say why you're afraid or worried?

When did you start acting this way?

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.

CBD8I01 Intensity

CBD8F01 Frequency

HOURS : MINUTES

CBD8D01 Duration

CBD8O01 Onset

/ /

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 your're not there?

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

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.

CBD9I01 Intensity

CBD9F01 Frequency

HOURS : MINUTES

CBD9D01 Duration

CBD9O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

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.

CBE0I01 Intensity

CBE0F01 Frequency

HOURS : MINUTES

CBE0D01 Duration

CBE0O01 Onset

/ /

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 seperated 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?

PHYSICAL SYMPTOMS ON SEPARATION

0 = No

2 = Yes

CBE1I01 Intensity

CBE1F01 Frequency

CBE1O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

STAYS AT HOME SOME MORNINGS (WORRY/ANXIETY)

0 = Absent

2 = Without marked parental attempts to get him/her to school.

3 = With marked parental attempts to get him/her to school.

CBE2I01 Intensity

CBE2O01 Onset

/ /

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?

HAS TO BE TAKEN TO SCHOOL (WORRY/ANXIETY)

0 = No

2 = Yes, on at least one occasion in last 3 months.

CBE3I01 Intensity

CBE3F01 Frequency

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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 leaves 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.

RUNS OUT OF SCHOOL (WORRY/ANXIETY)

0 = Absent

2 = Present

zyxabc4 00
Intensity

CHILD FAILS TO REACH OR LEAVES SCHOOL AND RETURNS HOME (WORRY/ANXIETY)

0 = Absent

2 = Present

CBE4I01

CHILD FAILS TO REACH OR LEAVES SCHOOL AND RETURNS HOME (WORRY/ANXIETY) - FREQUENCY

CBE4F01

CHILD FAILS TO REACH OR LEAVES SCHOOL AND GOES OFF ALONE (WORRY/ANXIETY)

0 = Absent

2 = Present

CBE5I01

CHILD FAILS TO REACH OR LEAVES SCHOOL AND GOES OFF ALONE (WORRY/ANXIETY) FREQUENCY

CBE5F01

CHILD FAILS TO REACH OR LEAVES SCHOOL AND GOES OFF WITH PEERS (WORRY/ANXIETY)

0 = Absent

2 = Present

CBE6I01

CHILD FAILS TO REACH OR LEAVES SCHOOL AND GOES OFF WITH PEERS (WORRY/ANXIETY)-FREQUENCY

CBE6F01

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.

SEPARATION ANXIETY POSITIVE

0 = No

2 = Yes

CBD6I03
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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

FOR REVIEW ONLY

Definitions and questions

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 atachment 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?

Coding rules

SEPARATION WORRIES/ANXIETY

0 = Absent

2 = Worrying or anxiety is intrusive into at least 2 activities and uncontrollable at least soem of the time.

3 = Worrying is intrusive into most ativities and nearly always uncontrollable.

HOURS : MINUTES

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.

Codes

CBE7I01
Intensity

CBE7F01
Frequency

CBE7D01
Duration

CBE7O01
Onset
/ /

CBE8I01

CBE9I01

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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 yo do?

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.

CBE8I01
Intensity

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 youmight 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?

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.

CBE9I01
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

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.

CBF0I01
Intensity

CBF0F01
Frequency

HOURS : MINUTES

CBF0D01
Duration

CBF0O01
Onset

/ /

SLEEPS WITH FAMILY MEMBER

Actually sleeps with a family member because of persistent refusal to sleep (through the night) without being near a major attachement 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)?

SLEEPS WITH FAMILY MEMBER

0 = Absent

2 = Sometimes reluctant to go to sleep alone.

3 = Almost always reluctant to go to sleep alone. Protests nearly every night unless allowed to sleep with fmaily member.

CBF8I01
Intensity

CBF8F01
Frequency

CBF8O01
Onset

/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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 checks 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?

RISES TO CHECK ON FAMILY MEMBERS

0 = Absent

2 = Sometimes rises to check on family members but without waking them.

3 = Wakes family members up when checks on them.

CBF1I01
Intensity

CBF1F01
Frequency

CBF1O01
Onset
/ /

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)?

IF NO, ASK:

Hasve you ever been asked to sleep over?
Do you get worried about sleeping away from home?

AVOIDANCE OF SLEEPING AWAY FROM FAMILY

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.

CBF2I01
Intensity

CBF2O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

SEPARATION DREAMS

0 = Absent

2 = Separation dreams recalled

3 = Separation nightmares wake child.

CBF3I01 Intensity

CBF3F01 Frequency

CBF3O01 Onset

/ /

AVOIDANCE OF BEING ALONE

Persistent avoidance of being alone due to anxiety about being away from attachment figures.

Do you try to aviod 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?

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.

CBF4I01 Intensity

CBF4O01 Onset

/ /

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?

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.

CBF5I01 Intensity

CBF5O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

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.

CBF6I01 Intensity

CBF6O01 Onset

/ /

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?

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.

CBF7I01 Intensity

CBF7O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
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.	**WORRIES** 0 = Absent 2 = Worrying is intrusive into at least 2 activities and uncontrollable at least some of the time. 3 = Worrying is intrusive into most activities and nearly always uncontrollable.	CCA0I01 Intensity [ ]
Most people have got some worries, what do you worry about?		CCA0F01 Frequency [ ]
	HOURS : MINUTES	CCA0D01 Duration [ ]
		CCA0O01 Onset [/ /]
Do you worry about what will happen in the future? ***Do you worry about bad things happening in the future?***	**WORRIES ABOUT FUTURE EVENTS** 0 = Absent 2 = Present	CCA0I02 [ ]
Does you worry about things you have done?	**WORRIES ABOUT PAST BEHAVIOR** 0 = Absent 2 = Present	CCA0I03 [ ]
Does you worry about how well you does things? *Like school work?* *Or how good you are at sports?*	**WORRIES ABOUT COMPETENCE OR PERFORMANCE** 0 = Absent 2 = Present	CCA0I04 [ ]
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?***	**SELF-CONSCIOUSNESS** 0 = Absent 2 = Present	CCA0I05 [ ]
Do you worry about how you look?	**WORRIES ABOUT APPEARANCE** 0 = Absent 2 = Present	CCA0I06 [ ]

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
Do you worry about whether your family will have enough money? *What is it like when you worries?* *Can you give me an example?* *When you worry about these things, how long does it last?* *How often does 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?*	**WORRIES ABOUT MONEY** 0 = Absent 2 = Present	CCA0I07
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?*	**OTHER WORRIES** 0 = Absent 2 = Present	CCA0I08

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

WORRIES ABOUT PHYSICAL ILLNESS (HYPOCHONDRIASIS)

All characteristsics 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 phsyically 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?

HYPOCHONDRIASIS

0 = Absent

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

3 = Worrying is intrusive into most activities and nearly always uncontrollable

CCA1I01 Intensity

HOURS : MINUTES

CCA1F01 Frequency

CCA1D01 Duration

CCA1O01 Onset

/ /

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?

EXCESSIVE NEED FOR REASSURANCE

0 = Absent

2 = Seeks reassurance at least weekly (once a week for four consecutive weeks), but not to the extent of interfering with ordinary social discourse.

3 = Seeks reassurance to such an extent that ordinary social discourse with at least one person is interfered with, as evidenced by loss of patience, or avoidance of contact with subject, by that person.

CCA2I01 Intensity

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

NERVOUS TENSION

0 = Absent

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

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

HOURS : MINUTES

Codes

CCA3I01
Intensity
[ ]

CCA3F01
Frequency
[ ]

CCA3D01
Duration
[ ]

CCA3O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

SUBJECTIVE ANXIOUS AFFECT SCREEN POSITIVE

0 = No

2 = Yes

CCA5I01
Intensity

FOR REVIEW ONLY

Definitions and questions

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.

HOURS : MINUTES

Codes

CCA4I01
Intensity

CCA4F01
Frequency

CCA4D01
Duration

CCA4O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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 emabarrassed wtih people you don't know well?

Do you ever aviod meeting people because of it?
What about parties?
Do you do anything to aviod it?
Has it affected what you do?
What affect has it had?
Do you get upset when you have to meet new people?

Coding rules

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.

HOURS : MINUTES

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

Codes

CCA6I01
Intensity

CCA6F01
Frequency

CCA6D01
Duration

CCA6O01
Onset
/ /

CCA7I01

CCA7O01
/ /

CCA8I01

CCA8O01
/ /

FOR REVIEW ONLY

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?

Coding rules

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.

HOURS : MINUTES

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.

FEAR PF ACTIVITIES IN PUBLIC - 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.

FEAR OF ACTIVITIES IN PUBLIC - AVOIDANCE ONSET

Codes

CCA9I01
Intensity

CCA9F01
Frequency

CCA9D01
Duration

CCA9O01
Onset
/ /

CCB0I01

CCB0O01
/ /

CCB1I01

CCB1O01
/ /

FOR REVIEW ONLY

Definitions and questions

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 afriad?
Do you do anything to aviod 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?

Coding rules

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.

HOURS : MINUTES

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

Codes

CCB2I01
Intensity

CCB2F01
Frequency

CCB2D01
Duration

CCB2O01
Onset
/ /

CCB3I01

CCB3O01
/ /

FOR REVIEW ONLY

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 aviod them?

How often has that happened in the last three months?

How long does that last?

Coding rules

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.

Codes

CCB4I01
Intensity

CCB4F01
Frequency

CCB4D01
Duration

CCB4O01
Onset
/ /

CCB4X01

CCB4X02

CCB4X03

CCB5I01

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

ANIMAL FEARS - AVOIDANCE ONSET CCB5O01

/ /

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?

FEAR OF INJURY CCB6I01 Intensity

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.

CCB6F01 Frequency

HOURS : MINUTES CCB6D01 Duration

CCB6O01 Onset

/ /

AVOIDANCE CCB7I01

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 - AVOIDANCE ONSET CCB7O01

/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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.

HOURS : MINUTES

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

Codes

CCE0I01
Intensity

CCE0F01
Frequency

CCE0D01
Duration

CCE0O01
Onset
/ /

CCE1I01

CCE1O01
/ /

FOR REVIEW ONLY

Definitions and questions

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 TVand 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).

Coding rules

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

HOURS : MINUTES

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.

ANXIETY OR FEAR PROVOKING SITUATIONS AIDE-MEMOIR - AVOIDANCE ONSET

Codes

CCB8I01
Intensity

CCB8F01
Frequency

CCB8D01
Duration

CCB8O01
Onset
/ /

CCB9I01

CCB9O01
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

FOR REVIEW ONLY

Definitions and questions

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

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 anticipatory anxiety, that is at least sometimes uncontrollable in 2 activities or requires excessive reassurance.

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

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.

HOURS : MINUTES

Codes

CCC0I01
Intensity

CCC0F01
Frequency

CCC0D01
Duration

CCC0O01
Onset
/ /

FOR REVIEW ONLY

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?

IF SITUATIONAL, FREE-FLOATING ANXIOUS AFFECT, WORRY ABOUT SCHOOL, SEPARATION ANXIETY OR NERVOUS TENSION PRESENT, CONT. OTHERWISE, SKIP TO "SELECTIVE MUTISM", (PAGE 20).

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.

HOURS : MINUTES

Codes

CCC1I01
Intensity

CCC1F01
Frequency

CCC1D01
Duration

CCC1O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

STARTLE RESPONSE

0 = Absent

2 = Startles to an exaggerated degree on slight provocation.

CCC2I01 Intensity

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?

CONCENTRATION DIFFICULTIES

0 = Absent

2 = Concentration impairment sufficient to interfere with ongoing activities.

CCC3I01 Intensity

NUMBER OF DAYS IN THE LAST THREE MONTHS

CCC3F01

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 firghtened, does it affect you physicallu at all?

What do you notice?

Do your muscles tense up?

Do you get jumpy?

Keyed up?
On edge?
Do you get restless?

EASY FATIGABILITY

0 = Absent

2 = Feels fatigued after slight exertion but continues with tasks at hand.

3 = Fatigue leads to reduced performance of tasks at hand.

CCC4I01 Intensity

NUMBER OF DAYS IN THE LAST 3 MONTHS

CCC4F01

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

AUTONOMIC SYMPTOMS

0 = Absent

2 = Present

MUSCLE TENSION

0 = Absent

2 = Present

JUMPINESS

0 = Absent

2 = Present

RESTLESSNESS

0 = Absent

2 = Present

Codes

CCD0I90
Intensity

CCD0I14

CCD0I20

CCD0I21

FOR REVIEW ONLY

Definitions and questions

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?

IF NO PANIC ATTACKS, SKIP TO "COMPULSIONS", (PAGE 5).

Coding rules

PANIC ATTACKS

0 = Absent

2 = Panic attack that is of such severity that subject stops activity engaged in at the time.

FREE FLOATING

0 = Absent

2 = Panic attack unassociated with any particular situation.

SITUATIONAL

0 = Absent

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

HOURS : MINUTES

Codes

CCC5I01
Intensity

CCC5I02

CCC5I03

CCC5F01
Frequency

CCC5D01
Duration

CCC5O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

DEREALIZATION

0 = Absent

2 = Present

CCC6I01 Intensity

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?

DEPERSONALIZATION

0 = Absent

2 = Present

CCC7I01 Intensity

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 LOSS OF CONTROL

0 = Absent

2 = Present

CCC8I01 Intensity

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?

FEAR OF DYING

0 = Absent

2 = Present

CCC9I01 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

CONCERN ABOUT ADDITIONAL PANIC ATTACKS

0 = Absent

2 = Present

CCE2I01 Intensity

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?

CHANGE IN BEHAVIOR

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 situation.

CCE3I01 Intensity

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?

WORRY ABOUT IMPLICATIONS

0 = Absent

2 = Present

CCE4I01 Intensity

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

FOR REVIEW ONLY

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

ANXIOUS AUTONOMIC SYMPTOMS IN PANIC ATTACKS

0 = Absent

2 = Present

DIZZINESS/FAINTNESS

0 = No

2 = Yes

CHOKING/SMOTHERING

0 = No

2 = Yes

DIFFICULTY BREATHING

0 = No

2 = Yes

RAPID BREATHING

0 = No

2 = Yes

PALPITATIONS/TACHYCARDIA

0 = No

2 = Yes

TIGHTNESS OR PAIN IN CHEST

0 = No

2 = Yes

SWEATING

0 = No

2 = Yes

NAUSEA

0 = No

2 = Yes

Codes

CCE5I90 Intensity

CCE5I01

CCE5I03

CCE5I04

CCE5I05

CCE5I06

CCE5I07

CCE5I08

CCE5I09

FOR REVIEW ONLY

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?

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?

Coding rules

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

0 = Absent

2 = Speech limited in volume or amount to an extent that substantially interferes with communication; marked discrepancy with adequate speech usage in other circumstances.

3 = Almost complete absence of speech in particular settings or to particular people.

Codes

CCE5I11 ☐

CCE5I13 ☐

CCE5I14 ☐

CCE5I16 ☐

CCE5I18 ☐

CCD1I01 Intensity ☐

CCD1O01 Onset / /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 OBSESSIONAL THOUGHTS, OBSESSIONAL RITUALS, OR COMPULSIONS ARE PRESENT, ASK ABOUT OBSESSIONAL SLOWNESS. OTHERWISE,, SKIP TO "OBSESSIONAL SLOWNESS", (PAGE 7).

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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

DAYCARE/SCHOOL

ELSEWHERE

HOURS : MINUTES

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.

Codes

CCD3I01
Intensity
[ ]

CCD3F01
Home
Frequency
[ ]

CCD3F02
Daycare/School
Frequency
[ ]

CCD3F03
Elsewhere
Frequency
[ ]

CCD3D01
Duration
[ ]

CCD3O01
Onset
[/ /]

CCD3I02
[ ]

FOR REVIEW ONLY

Definitions and questions

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.

Coding rules

OBSESSIONAL RITUALS

0 = Absent

2 = Obsessional rituals are intrusive and uncontrollable in at least 2 activities at least sometimes.

3 = Obsessional rituals are intrusive into most activities and almost always uncontrollable.

HOME

DAYCARE/SCHOOL

ELSEWHERE

HOURS : MINUTES

RESISTANCE TO OBSESSIONAL RITUALS

0 = Absent

2 = Subject tries to resist thinking the obsessional ritual at least sometimes.

3 = Subject usually tries to resist thinking the obsessional ritual.

Codes

CCD4I01
Intensity
[ ]

CCD4F01
Home
Frequency
[ ]

CCD4F02
Daycare/School
Frequency
[ ]

CCD4F03
Elsewhere
Frequency
[ ]

CCD4D01
[ ]

CCD4O01
Onset
[/ /]

CCD5I01
[ ]

FOR REVIEW ONLY

Definitions and questions

CONTENT OF OBSESSIONAL 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 OBSESSIONAL THOUGHTS ARE ASSOCIATED WITH TRAUMATIC EVENTS, CODE THERE ALSO.

Coding rules

Codes

CONTENT OF OBSESSIONAL THOUGHTS CCD6X01 Intensity

0 = Absent

2 = Present

TRANSMITTING DISEASE CCD6I01

0 = Absent

2 = Present

MAGICAL, E.G., WARDING OFF DANGER CCD6I02

0 = Absent

2 = Present

SEX RELATED CCD6I03

0 = Absent

2 = Present

CONCERNS ABOUT PERFORMANCE CCD6I04

0 = Absent

2 = Present

VIOLENCE CCD6I05

0 = Absent

2 = Present

OTHER CCD6I06

0 = Absent

2 = Present

FOR REVIEW ONLY

Definitions and questions

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

COMPULSIONS

0 = Absent

2 = Compulsions intrusive into at least 2 activities and are at least sometimes uncontrollable.

3 = Compulsions intrusive into most activities and are almost always uncontrollable.

HOME

DAYCARE/SCHOOL

ELSEWHERE

HOURS : MINUTES

Codes

CCD7I01
Intensity
[ ]

CCD7F01
Home
Frequency
[ ]

CCD7F02
Daycare/School
Frequency
[ ]

CCD7F03
Elsewhere
Frequency
[ ]

CCD7D01
Duration
[ ]

CCD7O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
Do you try not to do it? *What happens then?*	**RESISTANCE** 0 = Absent 2 = Subject tries to resist performing the compulsive act at least sometimes. 3 = Subject usually tries to resist.	CCD7I02 ☐
	CHECKING (AT LEAST 3 TIMES) 0 = Absent 2 = Present	CCD8I01 ☐
	AVOIDING 0 = Absent 2 = Present	CCD8I02 ☐
	TOUCHING 0 = Absent 2 = Present	CCD8I03 ☐
	WASHING/CLEANING 0 = Absent 2 = Present	CCD8I04 ☐
	REPEATING 0 = Absent 2 = Present	CCD8I05 ☐
	OTHER 0 = Absent 2 = Present	CCD8I09 ☐

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

OBSESSIONAL SLOWNESS

0 = Absent

2 = Obsessional slowness intrusive into at least 2 activities that at least sometimes cannot be overcome.

3 = Obsessional slowness affecting most activities that can hardly ever be overcome.

Codes

CCD9I01
Intensity

CCD9O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

DEPRESSED AFFECT

Now we are going to talk about some of X's feelings. 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?

Coding rules

DEPRESSED MOOD

0 = Absent

2 = The depressed mood is sometimes intrusive but also sometimes alleviated by enjoyable events or activities.

3 = Scarcely anything is able to lift the mood.

HOURS : MINUTES

EPISODE OF DEPRESSED MOOD

0 = Absent

2 = At least 1 week with 4 days depressed mood.

3 = Period of 2 consecutive weeks where depressed mood present on at least 8 days.

PERIOD OF 2 CONTINUOUS MONTHS WITHOUT DEPRESSED MOOD IN LAST YEAR?

0 = Present

2 = Absent

Codes

CDA0I01
Intensity

CDA0F01
Frequency

CDA0D01
Duration

CDA0O01
Onset
/ /

CDA0I02

CDA0I03

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF "DEPRESSED MOOD" IS PRESENT, CONTINUE. OTHERWISE, SKIP TO "REPORTED TEARFULNESS AND CRYING", (PAGE 6).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

DISTINCT QUALITY OF DPERESSED MOOD

0 = Absent

2 = Subject understands quality of sadness and reports that periods of depressed mood have a different quality.

CDA1I01 Intensity

ALLEVIATION 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 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 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?

ALLEVIATION BY SELF-GENERATED MEANS

0 = Means of Alleviation never employed.

2 = Means of Alleviation employed at least sometimes.

CDA2I01 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

ALLEVIATION BY EXTERNAL MEANS

0 = Means of Alleviation never employed.

2 = Means of Alleviation employed at least sometimes.

CDA2I02 Intensity

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?

AM WORST

0 = Absent

2 = Present

CDA3I01 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

P.M. WORST

0 = Absent

2 = Present

CDA3I02 Intensity

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?

SUBJECTIVE 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.

CDA5I01 Intensity

CDA5F01 Frequency

HOURS : MINUTES

CDA5D01 Duration

CDA5O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

REPORTED TEARFULNESS AND CRYING

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.

CDA4I01 Intensity

CDA4F01 Frequency

HOURS : MINUTES

CDA4D01 Duration

CDA4O01 Onset

/ /

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?

TOUCHY OR EASILY ANNOYED

0 = Absent

2 = Present

CDA6I01 Intensity

CDA6F01 Frequency

HOURS : MINUTES

CDA6D01 Duration

CDA6O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

ANGRY OR RESENTFUL

0 = Absent

2 = Present

HOURS : MINUTES

CDA7I01
Intensity

CDA7F01
Frequency

CDA7D01
Duration

CDA7O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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

IRRITABILITY

0 = Absent

2 = Irritable mood present in at least 2 activities manifested by at least one instance of snappiness, shouting, quarrelsomeness and at least sometimes uncontrollable.

3 = Irritable mood present in most activities, accompanied by snappiness, shouting, quarrelsomeness, and nearly always uncontrollable.

CDA8I01 Intensity

CDA8F01 Frequency

HOURS : MINUTES

CDA8D01 Duration

CDA8O01 Onset

/ /

EPISODE OF IRRITABLE MOOD

0 = Absent

2 = At least 1 week with 4 days irritable mood.

3 = Period of 2 consecutive weeks where irritable mood present on at least 8 days.

CDA8I02

PERIOD OF 2 CONTINUOUS MONTHS WITHOUT IRRITABLE MOOD IN LAST YEAR

0 = Present

2 = Absent

CDA8I03

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

LOSS OF AFFECT

0 = Absent

2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.

3 = Affect is felt to be lost in almost all activities.

CDA9I01 Intensity

CDA9O01 Onset

/ /

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?

BOREDOM

0 = Absent

2 = More than half the time.

3 = Almost all the time.

CDB0I01 Intensity

CDB0O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

LOSS OF INTEREST

0 = Absent

2 = Generalized diminution in interest taken in normally interesting activities.

3 = The subject is completely or almost completely uninterested in everything or nearly everything.

Codes

CDB1I01
Intensity
[ ]

CDB1O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

ANHEDONIA

0 = Absent

2 = Generalized diminution in pleasure taken in normally pleasurable activities.

3 = Almost nothing gives pleasure.

Codes

CDB2I01
Intensity

CDB2O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

ANERGIA

0 = Absent

2 = A generalized listlessness and lack of energy.

3 = A report of being almost completely without energy.

CDB3I01
Intensity

CDB3O01
Onset

/ /

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?

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

HOURS : MINUTES

CDB4D01
Duration

CDB4O01
Onset

/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 yourr thinking?
Is there any interference with your thoughts?

INEFFICIENT THINKING

0 = Absent

2 = Sometimes uncontrollable in at least 2 activities

3 = Almost always uncontrollable and occuring in relation to almost all situations where clear thinking required

CDB5I01 Intensity

CDB5O01 Onset

/ /

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?

INDECISIVENESS

0 = Absent

2 = Sometimes uncontrollable in at least 2 activities.

3 = Almost always uncontrollable and occurring in relation to almost all decisions.

CDB6I01 Intensity

CDB6O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 RUSHING THOUGHT

0 = Absent

2 = Rushing of thoughts intrusive in at least 2 activities and cannot be completely controlled.

3 = Rushing of thoughts intrusive in nearly all activities and almost completely uncontrollable.

CDB7I01
Intensity
[ ]

CDB7F01
Frequency
[ ]

HOURS : MINUTES

CDB7D01
Duration
[ ]

CDB7O01
Onset
[/ /]

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?

SUBJECTIVE SLOWED THOUGHT

0 = Absent

2 = Slowing of thoughts intrusive in at least 2 activities and cannot be completely controlled.

3 = Slowing of thoughts intrusive in nearly all activities and almost completely uncontrollable.

CDB8I01
Intensity
[ ]

CDB8F01
Frequency
[ ]

HOURS : MINUTES

CDB8D01
Duration
[ ]

CDB8O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

DEPRESSIVE THOUGHTS

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?

LONELINESS

0 = Absent

2 = The subject definitely feels intrusively and uncontrollably lonely, in at least 2 activities.

3 = S/he feels lonely almost all the time.

CDB9I01
Intensity
[ ]

CDB9O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions

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

CDC0I01
Intensity

CDC0O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

SELF-DEPRECIATION

0 = Absent

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.

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.

Codes

CDC1I01
Intensity

CDC1O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?
When do you feel like that?
Is everything unfair or just some things?
Do you deserve a better deal?
Will it always be like that?
When did you start to fee that life hasn't been fair to you?

When did you start to feel like that?

FEELING SORRY FOR ONESELF

0 = Absent

2 = The subject feels sorry for him/herself but thinks that some aspects of life have not been unfairly troubling or unpleasant.

3 = The subject thinks that nothing has occurred according to his/her just desserts, and feels sorry for him/herself in nearly all situations.

CDC2I01
Intensity

CDC2O01
Onset
/ /

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"?

PATHOLOGICAL GUILT

0 = Absent

2 = At least partially unmodifiable excessive self-blame not generalized to all negative events.

3 = The child generalizes the feeling of self-blame to almost anything that goes wrong in his/her environment.

CDC3I01
Intensity

CDC3O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

DELUSIONS OF GUILT

Delusional self-blame for minor or non-existent wrongdoings. 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?

Coding rules

DELUSIONS OF GUILT

0 = Absent

2 = The subject has a delusional conviction of having done wrong but there is a fluctuating awareness that his/her feelings are an exaggeration of normal guilt.

3 = The subject has an unmodifiable delusional conviction that s/he has sinned greatly, etc.

Codes

CDC4I01
Intensity

CDC4O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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.

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?

IDEAS OF REFERENCE

0 = Absent

2 = Simple ideas of reference

3 = Guilty ideas of reference

HOURS : MINUTES

CDC5I01
Intensity

CDC5F01
Frequency

CDC5D01
Duration

CDC5O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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 imporve your situation?

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.

CDC6I01
Intensity

CDC6O01
Onset
/ /

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?

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.

CDC7I01
Intensity

CDC7O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 though 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?

EVER: SUICIDE SCREEN POSITIVE

0 = Absent

2 = Present

CDC8I01
Intensity

SUICIDE SCREEN POSITIVE

0 = Absent

2 = Present

CDC8I02

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

THINKING ABOUT DEATH

0 = Absent

2 = Present but not including thoughts about wanting to die. The thoughts should be intrusive into at least 2 activities and at least sometimes uncontrollable.

3 = Including thoughts about wanting to die. The thoughts should be intrusive into at least 2 activities and at least sometimes uncontrollable.

CDC9I01
Intensity

CDC9F01
Frequency

CDC9O01
Onset
/ /

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?

SUICIDAL THOUGHTS

0 = Absent

2 = At least sometimes uncontrollable suicidal thoughts, recurring in at least 2 activities.

3 = Usually uncontrollable suicidal thoughts intruding into most activities.

CDD0I01
Intensity

CDD0F01
Frequency

CDD0O01
Onset
/ /

IF SUICIDAL THOUGHTS NOT PRESENT, SKIP TO "SUICIDAL ATTEMPTS", (PAGE 24).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 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.

CDD1I01
Intensity

CDD1F01
Frequency

CDD1O01
Onset
/ /

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 BEHAVIOR

0 = Absent

2 = Present

Ever:CDD2E01
Intensity

DATE OF FIRST ATTEMPT

Ever:CDD2O01
/ /

DATE OF LAST ATTEMPT

Ever:CDD2O02
/ /

Ever:CDD2V01
Frequency

SUICIDAL BEHAVIOR IN LAST 3 MONTHS

0 = Absent

2 = Present

CDD2I01
Intensity

CDD2F01
Frequency

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF A SUICIDE ATTEMPT HAS (EVER) BEEN MADE COMPLETE EVER: METHOD, EVER: INTENT, AND EVER: LETHALITY. IF ATTEMPT MADE IN THE PAST 3 MONTHS, ALSO COMPLETE ITEMS ABOUT THE RECENT ATTEMPT(S): METHOD, INTENT, AND LETHALITY.
IF NO SUICIDE ATTEMPTS MADE, SKIP TO "NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS", (PAGE 30).

FOR REVIEW ONLY

Definitions and questions

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.

IF SUICIDE ATTEMPT(S) MADE IN THE LAS 3 MONTHS, COMPLETE METHODS OF SUICIDE ATTEMPT(S) (NEXT PAGE). OTHERWISE, SKIP TO "SUICIDAL INTENT", (PAGE 28).

Coding rules

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

Codes

Ever:CDD3E90
Intensity

Ever:CDD3E01

Ever:CDD3E02

Ever:CDD3E03

Ever:CDD3E04

Ever:CDD3E05

Ever:CDD3E06

Ever:CDD3E07

FOR REVIEW ONLY

Definitions and questions

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.

Coding rules

Codes

SUICIDE ATTEMPT(S) PRESENT IN THE LAST 3 MONTHS CDD4I90 Intensity

0 = Absent

2 = Present

OVERDOSE OF PRESCRIPTION OR OVER-THE-COUNTER MEDICATION CDD4I01

0 = Absent

2 = Present

ILLICIT DRUG OVERDOSE CDD4I02

0 = Absent

2 = Present

HANGING CDD4I03

0 = Absent

2 = Present

STABBING/CUTTING CDD4I04

0 = Absent

2 = Present

SHOOTING CDD4I05

0 = Absent

2 = Present

RUNNING INTO TRAFFIC CDD4I06

0 = Absent

2 = Present

OTHER CDD4I07

0 = Absent

2 = Present

Specify

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

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:CDD5E01
Intensity

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.

CDD5I01
Intensity

LETHALITY OF SUICIDAL ATTEMPT

Code here the degree of threat to life resulting from the most serious suicidal attempt.

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.

Ever:CDD7E01
Intensity

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.

CDD7I01
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

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.

Ever:CDD8E01
Intensity
[ ]

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.

CDD8I01
Intensity
[ ]

"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?

EVER: "SUICIDAL" BEHAVIOR WITHOUT INTENT

0 = Absent

2 = Present

Ever:CDD6E01
Intensity
[ ]

Ever:CDD6V01
Frequency
[ ]

Ever:CDD6O01
Onset
[/ /]

"SUICIDAL" BEHAVIOR WITHOUT INTENT (LAST 3 MONTHS)

0 = Absent

2 = Present

CCD6X99
Intensity
[ ]

CDD6F01
Frequency
[ ]

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS

0 = Absent

2 = Acts not receiving medical treatment.

3 = Acts receiving medical treatment (simple attending hospital counts as treatment).

Ever:CDE0E01
Intensity

Ever:CDE0V01
Frequency

Ever:CDE0O01
Onset
/ /

NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS

0 = Absent

2 = Acts not receiving medical treatment.

3 = Acts receiving medical treatment (simple attending hospital counts as treatment).

CDD9I01
Intensity

CDD9F01
Frequency

CDD9O01
Onset
/ /

IF NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS ARE PRESENT, COMPLETE DYSPHORIA OF SELF-MUTILATORY TYPE. OTHERWISE , SKIP TO "BRAGGING", (PAGE 12).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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)?

DYSPHORIA OF SELF-MUTILATORY TYPE

0 = Absent

2 = Present

HOURS : MINUTES

CDE1I01
Intensity

CDE1F01
Frequency

CDE1D01
Duration

CDE1O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 had 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).

EXPANSIVE MOOD

0 = Absent

2 = The expansive mood is intrusive into non-elating situations, but can sometimes be controlled when inappropriate.

3 = Expansive mood is intrusive and uncontrollable in almost all activities and often inappropriate.

CDE2I01
Intensity

CDE2F01
Frequency

HOURS : MINUTES

CDE2D01
Duration

CDE2O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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 - SPONTANEITY/REACTIVITY

0 = Absent

2 = Expansive mood at times in the absence of positive events.

CDAL151 Intensity

CDAL152 Frequency

HOURS : MINUTES

CDAL153 Duration

CDAL154 Onset

/ /

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?

ADULT CONCERN

0 = Absent

2 = Present

CDAL155 Intensity

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.

CDAL156

CDAL157

CDAL158

CDAL159

CDAL160

CDAL161

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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).

EXPANSIVE MOOD - ALLEVIATION

0 = Child's mood is always and easily brought to baseline by attempts to "settle" or calm.

2 = Child's mood is brought to baseline at least sometimes by attempts to "settle" or calm.

3 = Means of alleviation never effective.

4 = Means of alleviation never employed.

CDAL157
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

IRRITABILITY WITH EXPANSIVE MOOD

If both Irritability and Expansive Mood have been present together, or within the same 24 hour period, then code here.

IRRITABILITY WITH EXPANSIVE MOOD

0 = Expansive Mood not accompanied by Irritability.

2 = Expansive Mood accompanied by Irritability.

CDE4I01
Intensity

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?"

DEPRESSED MOOD WITH EXPANSIVE MOOD

0 = Absent

2 = Present, with both moods, either separately or together, meeting the intensity level '2' criteria.

CDE6I01
Intensity

CDE6O01
Onset
/ /

PERIOD OF 2 MONTHS WITHOUT EITHER DEPRESSED MOOD OR EXPANSIVE MOOD IN LAST YEAR

0 = Absent

2 = Present

CDE6I02

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?

MORE TALKATIVE THAN USUAL

0 = Absent

2 = More talkative than usual, intrusive into at least two activities but retains some regard for others' wishes to communicate.

3 = More talkative in most activities with little regard for others' wishes to communicate.

CDF4I01
Intensity

CDF4O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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

RACING THOUGHTS

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.

HOURS : MINUTES

Codes

CDAL402
Intensity
[ ]

CDAL403
Frequency
[ ]

CDAL404
Duration
[ ]

CDAL405
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

FLIGHT OF IDEAS

0 = Flight of ideas absent.

2 = Flight of ideas intrusive into normal thinking, involving at least 2 activities, but some coherent thought processes possible, even if with effort to maintain control.

3 = Flight of ideas so intrusive as to be almost completely disruptive of normal thought.

CDE7I01
Intensity
[ ]

CDE7O01
Onset
[/ /]

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?

PRESSURE OF SPEECH

0 = Pressure of speech absent.

2 = Pressure of speech intrusive into normal communication in at least 2 activities; but some coherent communication possible, even if with an effort to maintain control.

3 = Pressure of speech so intrusive and uncontrollable as essentially to prevent normal communication.

CDE8I01
Intensity
[ ]

CDE8O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

MOTOR PRESSURE

0 = Absent

2 = Motor pressure leads to increased activity only within the child's usual range of activities involving at least 2 activities.

3 = Child actually takes up new physical activities as a result of increased motor activity.

CDE9I01 Intensity

CDE9F01 Frequency

HOURS : MINUTES

CDE9D01 Duration

CDE9O01 Onset

/ /

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"?

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.

CDF5I01 Intensity

CDF5F01 Frequency

HOURS : MINUTES

CDF5D01 Duration

CDF5O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

UNUSUALLY ENERGETIC

0 = Absent

2 = Child has persistent daily periods of increased energy.

HOURS : MINUTES

CDAL607 Intensity

CDAL608 Frequency

CDAL609 Duration

CDAL700 Onset

/ /

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?

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.

CDF6I01 Intensity

CDF6O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

DECREASED NEED FOR SLEEP

0 = Absent

2 = 1-2 hours less sleep than usual per night.

3 = More than 2 hours less sleep than usual per night.

CDF0I01
Intensity

CDF0F01
Frequency

CDF0O01
Onset

/ /

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?

GRANDIOSE IDEAS AND ACTIONS

0 = Absent

2 = Ideas present but not translated into action.

3 = Ideas translated into action.

CDF1I01
Intensity

HOURS : MINUTES

CDAL162
Duration

HOME

CDAL159
Home
Frequency

DAYCARE/SCHOOL

CDAL160
Daycare/School
Frequency

ELSEWHERE

CDAL161
Elsewhere
Frequency

CDF1O01
Onset

/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF GRANDIOSE IDEAS AND ACTIONS PRESENT, COMPLETE. OTHERWISE, SKIP TO "BRAGGING", (PAGE 12).

FOR REVIEW ONLY

Definitions and questions | 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?

TRANSLATED INTO ACTION

0 = No

2 = Yes

CDAL165
Intensity

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?

CONCERN TO ADULTS

0 = Absent

2 = Present

CDAL166
Intensity

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.

CDAL167

CDAL168

CDAL169

CDAL170

CDAL171

CDAL172

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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.

CDAL168 Intensity [ ]

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?

BRAGGING

0 = Absent

2 = Child brags about abilities in activities in which s/he is not especially talented (e.g., child brags about soccer skills and is of average ability or less.)

CDAL170 Intensity [ ]

HOME

CDAL180 Home Frequency [ ]

DAYCARE/SCHOOL

CDAL181 Daycare/School Frequency [ ]

ELSEWHERE

CDAL182 Elsewhere Frequency [ ]

CDAL185 Onset [/ /]

IF BRAGGING IS PRESENT, CONTINUE. OTHERWISE, SKIP TO "SEXUAL LANGUAGE", (PAGE 14).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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

CDAL187 Intensity

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.

CDAL188

CDAL189

CDAL190

CDAL191

CDAL192

CDAL193

BRAGGING - ALLEVIATION

When you thinks 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.

CDAL189 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

SEXUAL LANGUAGE

Do you talk about body parts?

Do you use dirty or sexual language?

SEXUAL LANGUAGE

0 = Absent

2 = Child makes inappropriate sexual comments on more than one occasion.

3 = Child exhibits overt sexual language several times a week or at inappropriate times.

CDAL507 Intensity

CDAL508 Frequency

CDAL509 Onset

/ /

SEXUALLY ABUSED

Have you been sexually abused in any way?

SEXUALLY ABUSED

0 = No

2 = Yes

CDAL603 Intensity

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 embarassing 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?

POOR JUDGMENT

0 = Absent

2 = 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).

3 = 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.

CDF2I01 Intensity

CDF2O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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)?

INAPPRORIATE LAUGHING, JOKING, GRINNING

0 = Absent

2 = Present in at least two activities and at least sometimes uncontrollable.

3 = Present in most activities and uncontrollable most of the time.

CDAL500 Intensity

CDAL501 Frequency

HOURS : MINUTES

CDAL502 Duration

CDAL503 Onset

/ /

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?

UNINHIBITED/GREGARIOUSNESS

0 = Absent

2 = Inappropriate gregariousness is occasionally present and does not pose a social problem.

3 = Present and poses a significant social problem.

CDAL504 Intensity

CDAL505 Frequency

CDAL506 Onset

/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

MOOD CYCLING

0 = Absent

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.

CDAL701
Intensity
[ ]

CDAL702
Frequency
[ ]

CDAL703
Onset
[/ /]

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 abel 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?

INCREASE IN ADAPTIVE ACTIVITY

0 = Absent

2 = Increase in adaptive activity in at least 2 activities.

3 = Increase in adaptive activity in almost all activities.

CDF3I01
Intensity
[ ]

CDF3O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes

SOMATIZATION

NOTE THAT THIS SECTION SERVES TO EXCLUDE BRIQUET'S SYNDROME, BUT THAT THE MOST COMMON CAUSE OF MULTIPLE PHYSICAL SYMPTOMS IS PHYSICAL ILLNESS.

SOMATIZATION

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?

FOR REVIEW ONLY

Definitions and questions

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 "sympotms"?
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 soctor 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

HEADACHES

0 = Absent

2 = Headaches lasting at least one hour at least once per week for each week of the primary period.

HOURS : MINUTES

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

CEA0I01
Intensity

CEA0F01
Frequency

CEA0D01
Duration

CEA0I02

CEA0I03

CEA0I04

CEA0I05

CEA0O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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 "sympotms"?

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

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

CEA1I01
Intensity

CEA1F01
Frequency

CEA1D01
Duration

CEA1I02

CEA1I03

CEA1I04

CEA1I05

CEA1O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

ACHES AND PAINS

0 = Absent

2 = Describes aches and pains as occurring at least three times per week for each week of the primary period.

3 = Aches and pains almost constantly present.

CEE0I01 Intensity

CEE0O01 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.

CEE1I01

ACHES AND PAINS - AVOIDANCE ONSET

CEE1O01

/ /

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?

FEELS UNWELL

0 = Absent

2 = Feeling physically less well than usual.

3 = Feels physically unwell almost all of the time.

CEE2I01 Intensity

CEE2O01 Onset

/ /

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?

SICKLY

0 = Absent

2 = Present

CEA2I01 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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.

SOMATIZATION SCREEN POSITIVE

0 = No

2 = Yes

CEA3I01
Intensity

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?

SEX OF CHILD

0 = Male

2 = Female

CEE1203
Intensity

MENSTRUATION

0 = No

2 = Yes

Ever:CEE3E01
Intensity

Ever:CEE3O01
Onset
/ /

REGULAR ESTABLISHED CYCLE

0 = No

2 = At least three months in a row.

Ever:CEE3E02

FIRST DAY OF LAST PERIOD

Ever:CEE3O02
/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

SOMATIZATION CHECK LIST

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.

FOR REVIEW ONLY

Definitions and questions

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?
Dit it affect your life at all?
When did it start?

Coding rules

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.

Codes

CEA4X01
Intensity
[ ]

CEA4I01
[ ]

CEA4I02
[ ]

CEA4I03
[ ]

CEA4I04
[ ]

CEA4O01
Onset
[/ /]

FOR REVIEW ONLY

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?
Dit it affect your life at all?
When did it start?

Coding rules

LOSS OF VOICE

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

CEA5X01
Intensity

CEA5I01

CEA5I02

CEA5I03

CEA5I04

CEA5O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

DEAFNESS

Have you suffered from deafness?

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Dit 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.

Codes

CEA6X01
Intensity

CEA6I01

CEA6I02

CEA6I03

CEA6I04

CEA6O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

DOUBLE VISION

Have you suffered from double vision?

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Dit it affect your life at all?
When did it start?

Coding rules

DOUBLE 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.

Codes

CEA7X01
Intensity

CEA7I01

CEA7I02

CEA7I03

CEA7I04

CEA7O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

BLURRED VISION

Have you suffered from blurred vision?

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Dit 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.

Codes

CEA8X01
Intensity

CEA8I01

CEA8I02

CEA8I03

CEA8I04

CEA8O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

BLINDNESS

Have you gone blind?

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Dit it affect your life at all?
When did it start?

Coding rules

BLINDNESS

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

CEA9X01
Intensity

CEA9I01

CEA9I02

CEA9I03

CEA9I04

CEA9O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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?
Dit it affect your life at all?
When did it start?

Coding rules

FAINTING OR LOSS OF CONSCIOUSNESS

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

CEB0X01
Intensity
[ ]

CEB0I01
[ ]

CEB0I02
[ ]

CEB0I03
[ ]

CEB0I04
[ ]

CEB0O01
Onset
[/ /]

FOR REVIEW ONLY

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?
Dit 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
/ /

FOR REVIEW ONLY

Definitions and questions

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?
Dit it affect your life at all?
When did it start?

Coding rules

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.

Codes

CEB2X01
Intensity
[ ]

CEB2I01
[ ]

CEB2I02
[ ]

CEB2I03
[ ]

CEB2I04
[ ]

CEB2O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions

TROUBLE WALKING

Have you ever had trouble walking?

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Dit it affect your life at all?
When did it start?

Coding rules

TROUBLE WALKING

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

CEB3X01
Intensity

CEB3I01

CEB3I02

CEB3I03

CEB3I04

CEB3O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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?
Dit it affect your life at all?
When did it start?

Coding rules

PARALYSIS OR MUSCLE WEAKNESS

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

CEB4X01
Intensity

CEB4I01

CEB4I02

CEB4I03

CEB4I04

CEB4O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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?
Dit it affect your life at all?
When did it start?

Coding rules

URINARY RETENTION OR DIFFICULTY URINATING

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

CEB5X01
Intensity
[ ]

CEB5I01
[ ]

CEB5I02
[ ]

CEB5I03
[ ]

CEB5I04
[ ]

CEB5O01
Onset
[/ /]

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?
Dit it affect your life at all?
When did it start?

Coding rules

OTHER UNEXPLAINED "NEUROLOGICAL SYMPTOMS"

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

CEB6X01
Intensity

CEB6I01

CEB6I02

CEB6I03

CEB6I04

CEB6O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?
Dit it affect your life at all?
When did it start?

OTHER UNEXPLAINED "NEUROLOGICAL SYMPTOMS"

0 = Absent

2 = Present

CEB7X01
Intensity

MISSED SCHOOL OR WORK

0 = No school or work missed on account of symptom.

2 = At least 1 day of school or work missed.

CEB7I01

PHYSICIAN

0 = No contact.

2 = Any medical contact related to symptoms.

CEB7I02

MEDICATION

0 = No treatment.

2 = Any non-prescribed medical/surgical treatment related to symptoms.

3 = Any prescribed medical/surgical treatment related to symptoms.

CEB7I03

ALTERED LIFE PATTERN

0 = No effect on functioning.

2 = Some reduction in functioning.

CEB7I04

CEB7O01
Onset

/ /

FOR REVIEW ONLY

Definitions and questions

ABDOMINAL PAIN

Have you had any stomach pains?

Did you miss any school/work?
What happened about that?
Did you take anything for it?
Dit it affect your life at all?
When did it start?

Coding rules

ABDOMINAL PAIN

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

CEB8X01
Intensity

CEB8I01

CEB8I02

CEB8I03

CEB8I04

CEB8O01
Onset
/ /

FOR REVIEW ONLY

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?
Dit it affect your life at all?
When did it start?

Coding rules

NAUSEA

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

CEB9X01
Intensity

CEB9I01

CEB9I02

CEB9I03

CEB9I04

CEB9O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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?
Dit it affect your life at all?
When did it start?

Coding rules

VOMITING SPELLS (OTHER THAN DURING PREGNANCY)

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

CEC0X01
Intensity

CEC0I01

CEC0I02

CEC0I03

CEC0I04

CEC0O01
Onset
/ /

FOR REVIEW ONLY

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

BLOATING (GASSY)

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

CEC1X01
Intensity

CEC1I01

CEC1I02

CEC1I03

CEC1I04

CEC1O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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.

ALTERED LIFE PATTERN

0 = No effect on functioning.

2 = Some reduction in functioning.

Codes

CEC2X01
Intensity
[ ]

CEC2I01
[ ]

CEC2I02
[ ]

CEC2I03
[ ]

CEC2I04
[ ]

CEC2O01
Onset
[/ /]

FOR REVIEW ONLY

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

DIARRHEA

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

CEC3X01
Intensity

CEC3I01

CEC3I02

CEC3I03

CEC3I04

CEC3O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

PAINFUL MENSTRUATION

0 = Absent

2 = Present

CEC4X01 Intensity

MISSED SCHOOL OR WORK

0 = No school or work missed on account of symptom.

2 = At least 1 day of school or work missed.

CEC4I01

PHYSICIAN

0 = No contact.

2 = Any medical contact related to symptoms.

CEC4I02

MEDICATION

0 = No treatment.

2 = Any non-prescribed medical/surgical treatment related to symptoms.

3 = Any prescribed medical/surgical treatment related to symptoms.

CEC4I03

ALTERED LIFE PATTERN

0 = No effect on functioning.

2 = Some reduction in functioning.

CEC4I04

CEC4O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

EXCESSIVE BLEEDING

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

CEC5X01
Intensity

CEC5I01

CEC5I02

CEC5I03

CEC5I04

CEC5O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

BACK

0 = Absent

2 = Present

CEC6X01 Intensity

MISSED SCHOOL OR WORK

0 = No school or work missed on account of symptom.

2 = At least 1 day of school or work missed.

CEC6I01

PHYSICIAN

0 = No contact.

2 = Any medical contact related to symptoms.

CEC6I02

MEDICATION

0 = No treatment.

2 = Any non-prescribed medical/surgical treatment related to symptoms.

3 = Any prescribed medical/surgical treatment related to symptoms.

CEC6I03

ALTERED LIFE PATTERN

0 = No effect on functioning.

2 = Some reduction in functioning.

CEC6I04

CEC6O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions

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
/ /

FOR REVIEW ONLY

Definitions and questions

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

GENITAL AREA (OTHER THAN DURING INTERCOURSE)

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

CEC8X01 Intensity

CEC8I01

CEC8I02

CEC8I03

CEC8I04

CEC8O01 Onset

/ /

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

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

CEC9X01
Intensity

CEC9I01

CEC9I02

CEC9I03

CEC9I04

CEC9O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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

HEADACHE

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

CED0X01
Intensity

CED0I01

CED0I02

CED0I03

CED0I04

CED0O01
Onset
/ /

FOR REVIEW ONLY

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

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

CED1X01
Intensity

CED1I01

CED1I02

CED1I03

CED1I04

CED1O01
Onset
/ /

FOR REVIEW ONLY

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
[ ]

CED2O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions

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
/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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.

Codes

CED4X01
Intensity

CED4I01

CED4I02

CED4I03

CED4I04

CED4O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

DIZZINESS

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

CED5X01
Intensity

CED5I01

CED5I02

CED5I03

CED5I04

CED5O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

REDUCED APPETITE

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.

CFA0I01
Intensity
[ ]

CFA0O01
Onset
[/ /]

WEIGHT LOSS

Have you lost an unusual amount of weight during the last 3 months?

How much?
When did you start losing weight?

WEIGHT LOSS

0 = Absent

2 = Present

CFA1I01
Intensity
[ ]

WEIGHT LOSS IN POUNDS

CFA1X01
[ ]

CFA1O01
Onset
[/ /]

EXCESSIVE APPETITE

An increase in appetite outside the normal range of the subject, including eating for comfort. Include change in appetite due to substance sue 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?

EXCESSIVE APPETITE

0 = Absent

2 = Food consumption has been definitely increased above the subject's usual level for at least 1 week.

CFA2I01
Intensity
[ ]

CFA2O01
Onset
[/ /]

FOR PREVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

WEIGHT GAIN

0 = Absent

2 = Present

WEIGHT GAIN IN POUNDS

CFA3I01
Intensity

CFA3X01

CFA3O01
Onset
/ /

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?

FOOD FADS

0 = Absent

2 = The subject eats only within the range of his/her fads.

3 = Eating with others difficult because of extreme fads.

CFA4I01
Intensity

CFA4O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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).

ANOREXIA/BULIMIA SCREEN POSITIVE

0 = No

2 = Yes

CFA5I01
Intensity

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

Codes

DELIBERATE REDUCTION ATTEMPTS PRESENT
0 = No
2 = Yes
CFA6X01 Intensity

DIETING
0 = No
2 = Yes
CFA6I01

CFA6O01 Onset
/ /

VOMITING
0 = No
2 = Yes
CFA7I01

VOMITING ONSET
CFA7O01
/ /

EXERCISE
0 = No
2 = Yes
CFA8I01

EXERCISE ONSET
CFA8O01
/ /

DRUGS USED TO REDUCE BODY WEIGHT: PURGATIVES
0 = No
2 = Yes
CFA9I01

APPETITE SUPPRESSANTS
0 = No
2 = Yes
CFA9I02

DIURETICS
0 = No
2 = Yes
CFA9I03

OTHER
0 = No
2 = Yes
CFA9I04

CODE DATE OF FIRST DRUG USED
CFA9O01
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

PREOCCUPATION WITH FOOD AND EATING

0 = Absent

2 = Thoughts or worries about food or eating intrusive into at least 2 activities and uncontrollable at least some of the time.

3 = Thoughts or worries about food or eating intrusive into most activities and nearly always uncontrollable.

CFB0I01
Intensity

CFB0F01
Frequency

HOURS : MINUTES

CFB0D01
Duration

CFB0O01
Onset
/ /

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.

CFB1I01
Intensity

CFB1F01
Frequency

HOURS : MINUTES

CFB1D01
Duration

CFB1O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

BODY IMAGE DISTURBANCE

0 = Absent

2 = The subject has a persistent unrealistic view that s/he is fat but sometimes can be induced to agree that s/he may not be overweight.

3 = The subject's belief in his/her fatness is unshakeable.

DENIES SERIOUSNESS OF LOW BODY WEIGHT

0 = Absent

2 = Subject denies seriousness of current low body weight.

Codes

CFB2I01
Intensity

CFB2O01
Onset
/ /

CFB2I02

FOR REVIEW ONLY

Definitions and questions

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).

Coding rules

EATING BINGES

0 = Absent

2 = Binges at least sometimes uncontrollable.

3 = Binges almost always uncontrollable.

HOURS : MINUTES

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

Codes

CFB3I01 Intensity

CFB3F01 Frequency

CFB3D01 Duration

CFB3O01 Onset

/ /

CFB4I01

CFB4I02

CFB4I03

CFB4I04

CFB5I01

CFB5I02

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

AMENORRHEA

0 = Absent (or female subject has not begun regular periods).

2 = Present

CFB6I01
Intensity

CFB6O01
Onset

/ /

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?

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.

CFD0I01
Intensity

CFD0O01
Onset

/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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).

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.

CFB7I01
Intensity
[ ]

CFB7F01
Frequency
[ ]

CFB7O01
Onset
[/ /]

FOR REVIEW ONLY

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

Codes

CFB7I02

CFB7I03

CFB7I04

CFB7I05
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

INCREASED NEED FOR SLEEP

0 = Absent

2 = Hypersomnia occurs in at least 2 activities and is at least sometimes uncontrollable.

3 = Hypersomnia occurs in nearly all activities and is nearly always uncontrollable.

CFB8I01 Intensity

CFB8F01 Frequency

HOURS : MINUTES

CFB8D01 Duration

CFB8O01 Onset

/ /

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?

RESTLESS SLEEP

0 = Absent

2 = Present

CFD1I01 Intensity

CFD1O01 Onset

/ /

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?

INADEQUATELY RESTED BY SLEEP

0 = Absent

2 = Present

CFD2I01 Intensity

CFD2O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

NIGHTMARES

0 = Absent

2 = Bad dreams have woken the subject in the last 3 months.

CFB9I01
Intensity

CFB9F01
Frequency

CFB9O01
Onset
/ /

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?

TIREDNESS

0 = Absent

2 = Feels tired at least half of the time.

3 = Feels tired almost all of the time.

CFD3I01
Intensity

CFD3O01
Onset
/ /

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?

FATIGABILITY

0 = Absent

2 = Increased fatigability not meeting criteria for 3.

3 = Even minimal physical activity rapidly results in subject feeling exhausted, and recovery from that exhaustion is slow.

CFD4I01
Intensity

CFD4O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes

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

NOCTURNAL ENURESIS

0 = Absent

2 = Any episode of nocturnal enuresis that involves the involuntary passage of a substantial amount of urine (i.e. excluding minor dampness associated with careless hygiene or with sever sneezing/laughing).

Ever:CFC0I01
Intensity
[ ]

PREVIOUS PERIOD OF ONE YEAR'S NOCTURNAL CONTINENCE

0 = Absent

2 = Present

CFC0I02
Intensity
[ ]

AGE OF FIRST NOCTURNAL CONTINENCE

CFC0I03
[ ]

NOCTURNAL ENURESIS

CFC0F01
[ ]

CFC0O01
Onset
[/ /]

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?

DIURNAL ENURESIS

0 = Absent

2 = Any episode of diurnal enuresis meeting criteria as for nocturnal enuresis.

CFC1I01
Intensity
[ ]

PREVIOUS PERIOD OF ONE YEAR'S DIURNAL CONTINENCE

0 = Absent

2 = Present

CFC1I02
[ ]

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
MONTHS OF AGE WHEN LAST WET PRECEDING 1 YEAR'S CONTINENCE	**AGE OF FIRST DIURNAL CONTINENCE**	CFC1I03 [ ] CFC1F01 Frequency [ ] CFC1O01 Onset [/ /]
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?*	**ENCOPRESIS** 0 = Absent 1 = Underwear is occasionally severely stained with feces but no actual lumps of motion 3 = Stools selectively deposited, with apparent control, in clearly inappropriate places (such as in the piano or a drawer)	CFC2I01 Intensity [ ] CFC2F01 Frequency [ ] CFC2O01 Onset [/ /]
	MEDICAL REASON FOR SYMPTOM 0 = Absent 2 = Present	CFC2I02 [ ]
	CONSISTENCY OF STOOL 2 = Loose/slimy/unformed 3 = Formed	CFC2I03 [ ]
	PRIMARY/SECONDARY 2 = Previous period of bowel control lasting 6 months or longer 3 = No previous periods of bowel control	CFC2I04 [ ]
	SMEARING 2 = No smearing 3 = Stools deliberately smeared on self or walls or other objects (include anal masturbation here)	CFC2I05 [ ]

FOR REVIEW ONLY

Definitions and questions

CONSTIPATION

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

CONSTIPATION

0 = No constipation

2 = Reduced frequency but normal consistency

3 = Reduced frequency of motions unusually hard in consistency

MEDICAL REASON FOR SYMPTOM

0 = Absent

2 = Present

Codes

CFC3I01
Intensity

CFC3O01
Onset
/ /

CFC3I02

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

TICS AND TRICHOTILLOMANIA

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?

0 = Absent

1 = No obvious hair loss.

2 = Noticeable but partial hair loss.

3 = Most or all hair on scalp is missing.

CFC4I01
Intensity
[ ]

CFC4O01
Onset
[/ /]

TENSION BEFORE PULLING HAIR OUT

0 = Absent

2 = Subject experiences a building sense of tension prior to hair pulling

CFC4I02
[ ]

RELIEF AFTER PULLING HAIR OUT

0 = Absent

2 = Subject experiences a relief of tension as a result of hair pulling

CFC4I03
[ ]

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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 MOTOR TICS

0 = Absent

2 = Single motor tics.

3 = More than one type of tic.

FREQUENCY PER HOUR

1 = Less than 10 per hour.

2 = More than 10 per hour.

3 = More than 100 per hour.

CFC5I01 Intensity

CFC5F01

CFC5D01 Frequency

CFC5O01 Onset

/ /

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?

REPORTED PHONIC TICS

0 = Absent

2 = Single phonic tic type.

3 = More than one type of tic (includes coprolalia)

FREQUENCY PER HOUR

1 = Less than 10 per hour.

2 = More than 10 per hour.

3 = More than 100 per hour.

CFC6I01 Intensity

CFC6F01

CFC6D01 Frequency

CFC6O01 Onset

/ /

FOR REVIEW ONLY

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

0 = Absent

2 = Present

Codes

CFC7I01
Intensity

CFC7O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

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

CGA0I01
Intensity
[ ]

CGA0F01
Frequency
[ ]

PGA0F02

CGA0F02
[ ]

SOLITARY/ACCOMPANIED

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

CGA0X01
[ ]

CGA0O01
Onset
[/ /]

FOR REVIEW ONLY

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

DAYCARE/SCHOOL

ELSEWHERE

SOLITARY/ACCOMPANIED

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

CGA1I01 Intensity

CGA1F01 Home Frequency

CGA1F02 Daycare/School Frequency

CGA1F03 Elsewhere Frequency

CGA1X01

CGA1O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions

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
/ /

FOR REVIEW ONLY

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

0 = Absent

2 = Annoying behavior occurs in at least 2 activities and subject is at least sometimes unresponsive to admonition.

3 = 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.

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

CGA2I01
Intensity
[ ]

CGA2F01
Home
Frequency
[ ]

CGA2F02
Daycare/School
Frequency
[ ]

CGA2F03
Elsewhere
Frequency
[ ]

CGA2X01
[ ]

CGA2O01
Onset
[/ /]

FOR REVIEW ONLY

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

DAYCARE/SCHOOL

ELSEWHERE

DIRECTED AGAINST SIBLINGS

0 = Absent

2 = Present

DIRECTED AGAINST PEERS

0 = Absent

2 = Present

DIRECTED AGAINST ADULTS

0 = Absent

2 = Present

Codes

CGA3I01
Intensity

CGA3F01
Home
Frequency

CGA3F02
Daycare/School
Frequency

CGA3F03
Elsewhere
Frequency

CGA3O01
Onset
/ /

CGA3X01

CGA3X02

CGA3X03

FOR REVIEW ONLY

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)

Coding rules

SWEARING

0 = Absent

2 = Swears in presence of adults, but usually (>50% of time) stops when admonished.

3 = Swearing in the presence of adults, that is not controlled by admonition.

HOME

DAYCARE/SCHOOL

ELSEWHERE

Codes

CGA4I01
Intensity
[ ]

CGA4F01
Home
Frequency
[ ]

CGA4F02
Daycare/School
Frequency
[ ]

CGA4F03
Elsewhere
Frequency
[ ]

CGA4O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 wtih anyone else?
Why did you do it?
How often have you stolen anything in the last 3 months?
When was the frist 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).

HIGHEST VALUE OF ITEMS STOLEN IN SINGLE EPISODE

0 = Has not stolen anything.

1 = less than $5.

2 = $5 - $99.

3 = Equal to or greater than $100.

Ever:CGA5E01
Intensity

Ever:CGA5V01
Frequency

FOR REVIEW ONLY

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 form 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
/ /

FOR REVIEW ONLY

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

STEALING AT SCHOOL

0 = No

2 = Yes

STEALING ITEMS NOT AVAILABLE FOR A GENERAL USE BUT NOT AIMED AGAINST A PARTICULAR PERSON

0 = No

2 = Yes

STEALING DIRECTED SPECIFICALLY AGAINST A PARTICULAR PERSON OR PERSON

0 = No

2 = Yes

Codes

CGA7X01
Intensity

CGA7I01

CGA7I02

CGA7F01
Frequency

CGA7O01
Onset
/ /

FOR REVIEW ONLY

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

Codes

CGA8X01
Intensity

CGA8I01

CGA8I02

CGA8F01
Frequency

CGA8O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

STEALING IN PRIMARY PERIOD — CGA9X01 Intensity

0 = Absent

2 = Present

STEALING ALONE — CGA9I01

0 = Absent

2 = Present

STEALING WITH ONE OTHER — CGA9I02

0 = Absent

2 = Present

STEALING IN A GROUP — CGA9I03

0 = Absent

2 = Less than 50% of the time.

3 = More than 50% of the time.

SHOPLIFTING — CGA9I04

0 = Absent

2 = Present

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?

BREAKING AND ENTERING — CGB0I01 Intensity

0 = Absent

2 = Present

EVER: BREAKING AND ENTERING — Ever:CGB0E01 Intensity

0 = Absent

2 = Present

Ever:CGB1V01 Frequency

CGB1O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

BREAKING INTO A CAR

0 = Absent

2 = Present

CGB2I01
Intensity

EVER: BREAKING INTO A CAR

0 = No

2 = Yes

Ever:CGB2E01
Intensity

Ever:CGB3V01
Frequency

CGB3O01
Onset
/ /

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?

STEALING MOTOR VEHICLE OR TAKING AND DRIVING AWAY

0 = Absent

2 = Present

CGB4I01
Intensity

EVER: STEALING MOTOR VEHICLE OR TAKING AND DRIVING AWAY

0 = Absent

2 = Present

Ever:CGB4E01
Intensity

Ever:CGB5V01
Frequency

CGB5O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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 threatend anyone to make them give you something?

How many times have you ever threatened anyone to make them give you something?

STEALING INVOLVING CONFRONTATION OF THE VICTIM, BUT WITHOUT ACTUAL VIOLENCE

0 = Absent

2 = Present

CGB6I01 Intensity

EVER: STEALING INVOLVING CONFRONTATION OF THE VICTIM WITHOUT ACTUAL VIOLENCE

0 = Absent

2 = Present

Ever:CGB6E01 Intensity

Ever:CGJ0V01 Frequency

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?

STEALING INVOLVING ACTUAL VIOLENCE

0 = Absent

2 = No physical injury to the victim.

3 = Some physical injury (e.g. black eye, cuts)

CGB6I02 Intensity

EVER: STEALING INVOLVING ACTUAL VIOLENCE

0 = Absent

2 = Present

Ever:CGB6E02 Intensity

Ever:CGB7V01 Frequency

CGB7O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

STEALING INVOLVING VIOLENCE RESULTING IN SERIOUS INJURY

0 = Absent

2 = Present

CGB8I01
Intensity
[ ]

EVER: STEALING INVOLVING VIOLENCE RESULTING IN SERIOUS INJURY

0 = Absent

2 = Present

Ever:CGB8E01
Intensity
[ ]

Ever:CGB9V01
Frequency
[ ]

CGB9O01
Onset
[/ /]

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?

USE OF WEAPON

0 = Absent

2 = Carried weapon while stealing.

3 = Used weapon to threaten victim.

CGC0I01
Intensity
[ ]

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
[/ /]

FOR REVIEW ONLY

Definitions and questions

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

OUTCOME OF STEALING

0 = Absent

2 = Present

ACTIVITIES WITH PEERS RESTRICTED

0 = Absent

2 = Present

ACTIVITIES WITH ADULTS RESTRICTED

0 = Absent

2 = Present

OTHER PUNISHMENT BY FAMILY OR OTHERS

0 = Absent

2 = Present

BANNED FROM PREMISES OR ORGANIZATIONS/SUSPENDED OR EXPELLED FROM SCHOOL/COLLEGE/UNIVERSITY

0 = Absent

2 = Present

Codes

CGC2X01
Intensity

CGC2I01

CGC2I02

CGC2I03

CGC2I04

FOR REVIEW ONLY

Definitions and questions

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

BREAKING PROMISES

0 = No

2 = Yes

HOME

DAYCARE/SCHOOL

ELSEWHERE

Codes

CGJ2I01
Intensity

CGJ2F01
Home
Frequency

CGJ2F02
Daycare/School
Frequency

CGJ2F03
Elsewhere
Frequency

CGJ2O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

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.

CGC3I01 Intensity

HOME

CGC3F01 Home Frequency

DAYCARE/SCHOOL

CGC3F02 Daycare/School Frequency

ELSEWHERE

CGC3F03 Elsewhere Frequency

CGC3O01 Onset

/ /

SOLITARY/ACCOMPANIED

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

CGC3X01

FOR REVIEW ONLY

Definitions and questions

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

0 = Absent

2 = 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.

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

CGJ3I01
Intensity

CGJ3F01
Home
Frequency

CGJ3F02
Daycare/School
Frequency

CGJ3F03
Elsewhere
Frequency

CGJ3O01
Onset
/ /

CGJ3X01

FOR REVIEW ONLY

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

DAYCARE/SCHOOL

ELSEWHERE

Codes

CGJ4I01
Intensity

CGJ4F01
Home
Frequency

CGJ4F02
Daycare/School
Frequency

CGJ4F03
Elsewhere
Frequency

CGJ4O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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.

Codes

CGC4I01
Intensity

CGC4F01
Frequency

CGC4O01
Onset
/ /

CGC4X01

FOR REVIEW ONLY

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

CHEATING

0 = Absent

2 = Cheating in at least 2 activities and at least sometimes not responsive to admonition if caught.

3 = Cheating may occur in many or most activities and is hardly ever responsive to admonition if caught.

HOME

DAYCARE/SCHOOL

ELSEWHERE

Codes

CGC5I01
Intensity
[ ]

CGC5F01
Home
Frequency
[ ]

CGC5F02
Daycare/School
Frequency
[ ]

CGC5F03
Elsewhere
Frequency
[ ]

CGC5O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions

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 restult?
How often have you done it?
When was the first time?

Coding rules

EVER: MINOR FORGERY

0 = No

2 = Behaviors that are neither illegal nor likely to result in police action, such as faking school reports or sick notes.

MINOR FORGERY

0 = No

2 = Behaviors that are neither illegal nor likely to result in police action, such as faking school reports or sick notes.

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

Ever:CGC6V01
Intensity

CGC6O01
Onset
/ /

CGC6I01
Intensity

CGC6F01
Home
Frequency

CGC6F02
Daycare/School
Frequency

CGC6F03
Elsewhere
Frequency

CGC6X01

FOR REVIEW ONLY

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.

MAJOR FORGERY

0 = No

2 = Illegal acts such as credit card fraud, forging a fake ID, etc.

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

Ever:CGJ5E01
Intensity

Ever:CGJ5V01
Frequency

Ever:CGJ5O01
Onset
/ /

CGJ5I01
Intensity

CGJ5F01
Home
Frequency

CGJ5F02
Daycare/School
Frequency

CGJ5F03
Elsewhere
Frequency

CGJ5X01

FOR REVIEW ONLY

Definitions and questions

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"

Coding rules

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.

DAYS

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

Codes

CGC7I01
Intensity

CGC7F01
Frequency

CGC7D01
Duration

CGC7O01
Onset
/ /

CGC7X01

Ever:CGC8E01
Intensity

Ever:CGC8V01

Ever:CGC8D01

Ever:CGC8O01
/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 acceess to a gun?

Who does it belong to?
What kind of gun?
A handgun?
A rifle or shotgun?
Some other kind?

ACCESS TO GUN — CGC9I01 Intensity

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

IF NO ACCESS TO/POSSESSION OF GUN , SKIP TO "KNIVES", (PAGE 27).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

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

CGC9I05
Intensity

TAKES GUN TO SCHOOL

TAKES GUN TO SCHOOL/COLLEGE/UNIVERSITY

0 = No

2 = Sometimes

3 = Usually

CGC9I06
Intensity

GUNS - ACCOMPLICE TO SHOOTING

Have you ever been there when someone else shot at someone?

Have you ever shot another person?

EVER: ACCOMPLICE TO SHOOTING

0 = No

2 = Yes

Ever:CGD0E01
Intensity

ACCOMPLICE TO SHOOTING

0 = No

2 = Yes

CGD0I01
Intensity

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?

EVER: SHOT AT ANOTHER PERSON

0 = No

2 = Yes

Ever:CGD1E01
Intensity

EVER: INJURED ANOTHER WITH A GUN

0 = No

2 = Yes

Ever:CGD1E02

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

CURRENTLY CARRIES KNIFE

0 = Has not carried a knife in this 3 months

2 = Sometimes has carried a knife

3 = Usually carries a knife

CGD2I01
Intensity

TAKES KNIFE TO SCHOOL

0 = No

2 = Sometimes

3 = Usually

CGD3I01

EVER: USED KNIFE IN FIGHT OR TO THREATEN

0 = No

2 = Yes

Ever:CGD4E01
Intensity

EVER: INJURED ANOTHER WITH A KNIFE

0 = No

2 = Yes

Ever:CGD5E01

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?

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

CGD6I01
Intensity

TAKES OTHER WEAPON TO SCHOOL

0 = No

2 = Sometimes

3 = Usually

CGD7I01

FOR REVIEW ONLY

Definitions and questions

OTHER SELF DEFENSE EQUIPMENT

Have you carried anything like mace or a stun gun?

IF GIRL, ASK,

Or bat to defend yourself?

Coding rules

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

Codes

CGD8I01
Intensity

CGD9I01

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

LOSING TEMPER

0 = Absent

2 = Present

CGE0I01
Intensity
[ ]

HOME

CGE0F02
Home
Frequency
[ ]

DAYCARE/SCHOOL

CGE0F03
Daycare/School
Frequency
[ ]

ELSEWHERE

CGE0F04
Elsewhere
Frequency
[ ]

CGE0O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions

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
[/ /]

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

VANDALISM

0 = Absent

2 = Writing graffiti, carving on trees or similar actions that are not actually destructive of the functions of that object.

3 = Other acts involving damage to, or destruction of, property.

HOME

DAYCARE/SCHOOL

ELSEWHERE

DIRECTED AGAINST COMMUNAL PROPERTY (E.G. PUBLIC TELEPHONES)

0 = Absent

2 = Present

DIRECTED AGAINST UNKNOWN INDIVIDUAL'S PROPERTY

0 = Absent

2 = Present

DIRECTED AGAINST KNOWN INDIVIDUAL'S PROPERTY

0 = Absent

2 = Present

SOLITARY/ACCOMPANIED

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

Codes

CGE2I01
Intensity

CGE2F01
Home
Frequency

CGE2F02
Daycare/School
Frequency

CGE2F03
Elsewhere
Frequency

CGE2I02

CGE2I03

CGE2I04

CGE2X01

CGE2O01
Onset
/ /

FOR REVIEW ONLY

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.

Codes

CGE3I01
Intensity

CGE3F01
Home
Frequency

CGE3F02
Daycare/School
Frequency

CGE3F03
Elsewhere
Frequency

CGE3I02

CGE3I03

CGE3I04

CGE3X01

CGE3O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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.

Codes

Ever:CGE4E01
Intensity

Ever:CGE4V01
Frequency

Ever:CGE4O01
Onset
/ /

FOR REVIEW ONLY

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

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.

Codes

CGE5I01
Intensity
[ ]

CGE5F01
Home
Frequency
[ ]

CGE5F02
Daycare/School
Frequency
[ ]

CGE5F03
Elsewhere
Frequency
[ ]

CGE5X01
[ ]

CGE5O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions

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 were someone was badly hurt?

Coding rules

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.

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.

EVER: USE OF WEAPON

0 = No

2 = Yes

USE OF WEAPON - FREQUENCY

USE OF WEAPON - ONSET

Codes

CGE6I01
Intensity

Ever:CGE6E01
Intensity

Ever:CGE7V01
Frequency

Ever:CGE7O01
Onset
/ /

Ever:CGE8E01

Ever:CGE8V01

Ever:CGE8O01
/ /

FOR REVIEW ONLY

Definitions and questions

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

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 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.

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 unconcious for any period

Codes

CGE9I01
Intensity
[ ]

CGE9F01
Home
Frequency
[ ]

CGE9F02
Daycare/School
Frequency
[ ]

CGE9F03
Elsewhere
Frequency
[ ]

CGE9X01
[ ]

CGE9O01
Onset
[/ /]

Ever:CGF0E01
Intensity
[ ]

CGF0I01
Intensity
[ ]

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

Ever:CGF1V01
Frequency

Ever:CGF1O01
Onset
/ /

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).

USE OF WEAPON

0 = No

2 = Yes

Ever:CGF2E01
Intensity

Ever:CGF2V01
Frequency

Ever:CGF2O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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 restrianed 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 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).

CGF3I01
Intensity
[ ]

HOME

CGF3F01
Home
Frequency
[ ]

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.

CGF3X01
[ ]

CGF3O01
Onset
[/ /]

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 unconcious for any period.

Ever:CGF4E01
Intensity
[ ]

CRUELTY RESULTING IN SERIOUS INJURY

0 = None

2 = As a result of cruelty either combatant sustained broken limbs, required hospitalization, or was unconcious for any period.

CGF4I01
Intensity
[ ]

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
		Ever:CGF5V01 Frequency [ ]
		Ever:CGF5O01 Onset [/ /]
	USE OF WEAPON 0 = No 2 = Yes	Ever:CGF6E01 [ ]
	CRUELTY RESULING IN SERIOUS INJURY - USE OF WEAPON - FREQUENCY	Ever:CGF6V01 [ ]
	CRUELTY RESULTING IN SERIOUS INJURY - USE OF WEAPON - ONSET	Ever:CGF6O01 [/ /]

FOR REVIEW ONLY

Definitions and questions

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

Coding rules

BULLYING

0 = Absent

2 = Using threats only.

3 = With actual violence.

HOME

DAYCARE/SCHOOL

ELSEWHERE

SOLIRATY/ACCOMPANIED

0 = Solitary

2 = Often accompanied (25-49% of the time).

3 = Accompanied 50% or more of the time.

USE OF WEAPON

0 = No

2 = Yes

Codes

CGF7I01
Intensity
[ ]

CGF7F01
Home
Frequency
[ ]

CGF7F02
Daycare/School
Frequency
[ ]

CGF7F03
Elsewhere
Frequency
[ ]

CGF7X01
[ ]

CGF7O01
Onset
[/ /]

Ever:CGF8E01
Intensity
[ ]

Ever:CGF8V01
Frequency
[ ]

Ever:CGF8O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

FORCED SEXUAL ACTIVITY

0 = Absent

2 = Using threats only.

3 = With actual violence.

Ever:CGF9E01
Intensity
[ ]

Ever:CGF9V01
Frequency
[ ]

Ever:CGF9O01
Onset
[/ /]

USE OF WEAPON FOR FORCED SEXUAL ACTIVITY

0 = No

2 = Yes

Ever:CGH0E01
[ ]

USE OF WEAPON FOR FORCED SEXUAL ACTIVITY - FREQUENCY

Ever:CGH0V01
[ ]

USE OF A WEAPON FOR FORCED SEXUAL ACTIVITY - ONSET

Ever:CGH0O01
[/ /]

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?

SEXUAL ACTIVITY FOR GAIN

0 = Absent

2 = Present

Ever:CGH1E01
Intensity
[ ]

Ever:CGH1V01
Frequency
[ ]

Ever:CGH1O01
Onset
[/ /]

FOR REVIEW ONLY

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?
Were the police brought in?
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)

0 = Absent

2 = Definite cruelty not resulting in obvious or permanent injury to the animal.

3 = Acts resulting in obvious or permanent injury.

FREQUENCY

CRUELTY TO ANIMALS

0 = Absent

2 = Definite cruelty not resulting in obvious or permanent injury to the animal.

3 = Acts resulting in obvious or permanent injury.

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

Ever:ABC1123 Intensity

Ever:CGH3V01

Ever:CGH3O01 Onset

/ /

CGH2I01 Intensity

CGH2F01 Home Frequency

CGH2F02 Daycare/School Frequency

CGH2F03 Elsewhere Frequency

CGH2X01

CGH2O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

LETTER WRITING, PHONE CALLS, OR MALICIOUS RUMORS

0 = Absent

2 = Letters or phone calls to, or spreading rumors about, unknown person(s).

3 = Letters or phone calls to, or spreading rumors about, person with whom the subject has personal contact.

LETTER WRITING, PHONE CALLS, OR MALICIOUS RUMORS

0 = Absent

2 = Letters or phone calls to, or spreading rumors about, unknown person(s).

3 = Letters or phone calls to, or spreading rumors about, person with whom the subject has personal contact.

Codes

CGH4I01
Intensity

CGH4F01
Frequency

CGH4O01
Onset
/ /

Ever:CGH5I01
Intensity

Ever:CGH5F01
Frequency

Ever:CGH5O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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).

POLICE CONTACT

0 = Absent

2 = Police Contact Present

Ever:CGH6E01
Intensity

Ever:CGH6O01
Onset
/ /

POLICE CONTACT

0 = Absent

2 = Present in last 3 months

CGH6I01
Intensity

FOR REVIEW ONLY

Definitions and questions

DELINQUENCY

ACTION TAKEN BY POLICE

IF SUBJECT EVER HAS BEEN CHARGED, CODE EVER:RESULT OF PRESECUTION

CODE EVER:TOTAL NUMBER OF DWI'S SEPARTELY FROM EVER: TOTAL NUMBER OF CHARGES. THEN CODE HIGHEST RESULT OF PRESECUTION FROM EITHER TYPE OF CHARGE.

Coding rules

ACTION TAKEN BY POLICE

0 = No further action

1 = Adjustment by police

2 = Adjustment by juvenile coujnselor

3 = Charged

TOTAL NUMBER OF CHARGES

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.

Codes

Ever:CGH7E01
Intensity

Ever:CGH8O01
Onset
/ /

Ever:CGH8V01

Ever:CGH8V02
Frequency

Ever:CGH9E01

FOR REVIEW ONLY

Definitions and questions

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.

Coding rules

PROBATION

0 = No

2 = Juvenile probation.

3 = Adult probation.

4 = Parole

CURRENTLY ON PROBATION/PAROLE

0 = No

2 = Yes

Codes

Ever:CGI0E01
Intensity

Intensity

Ever:CGI0V01
Frequency

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 you have 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).

FAILURE TO HONOR FINANCIAL OBLIGATIONS

0 = Does not owe money or has not failed to pay.

1 = Has made partial payment.

2 = Has not paid/repaid an amount less than $50.00.

3 = Has not paid/repaid an amount greater than or equal to $50.00.

Codes: CGK0I01 Intensity [ ]

HOME

Codes: CGK0F01 Home Frequency [ ]

DAYCARE/SCHOOL

Codes: CGK0F02 Daycare/School Frequency [ ]

ELSEWHERE

Codes: CGK0F03 Elsewhere Frequency [ ]

Codes: CGK0O01 Onset [/ /]

CHILD LIVING ELSEWHERE

0 = No

2 = Yes

Codes: CGK1I00 Intensity [ ]

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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

Codes

CGK1I01
Intensity
[ ]

Ever:CGL1E01
Intensity
[ ]

Ever:CGL1V01
Frequency
[ ]

Ever:CGL1O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions

LACK OF REMORSE

Lack of remorse, as indicated by being indifferent to or rationazling having hurt, mistreated, or stolen form 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?

Coding rules

LACK OF REMORSE

0 = Has not committed any wrongdoing or feels remorse for transgressions.

2 = Expresses no remorse for obvious transgressions.

HOME

DAYCARE/SCHOOL

ELSEWHERE

Codes

CGK2I01
Intensity
[ ]

CGK2F01
Home
Frequency
[ ]

CGK2F02
Daycare/School
Frequency
[ ]

CGK2F03
Elsewhere
Frequency
[ ]

CGK2O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

HARASSMENT

0 = Absent

2 = Present

CGL2I01
Intensity

CGL2F01
Frequency

CGL2O01
Onset
/ /

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?

IMPULSIVITY OR FAILURE TO PLAN AHEAD

0 = Absent

2 = Impulsiveness or change of plans occurs in at least two activities and results in minor negative consequences.

3 = Impulsiveness or change of plans occurs in most activities or more than once has resulted in major negative consequences.

Ever:CGK3E01
Intensity

IMPULSIVITY OR FAILURE TO PLAN AHEAD

0 = Absent

2 = Impulsiveness or change of plans occurs in at least two activities and results in minor negative consequences.

3 = Impulsiveness or change of plans occurs in most activities or more than once has resulted in major negative consequences.

CGK3I01
Intensity

CGK3F01
Frequency

CGK3O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

NO PERMANENT ADDRESS

0 = Retained a permanent address.

2 = No permanent address for a month or more.

NO PERMANENT ADDRESS IN PP

0 = Retained a permanent address.

2 = No permanent address for a month or more.

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.

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.

Codes

Ever:CGL3E01
Intensity

CGL3I01
Intensity

Ever:CGL3D01

Ever:CGL3O01
Onset
/ /

Ever:CKG4E01
Intensity

CKG4I01
Intensity

CKG4F01
Frequency

CKG4O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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?

IF SUBJECT HAS LOST MONEY BY GAMBLING OVER THE LAST THREE MONTHS, COMPLETE. OTHERWISE, SKIP TO "RECKLESS DISREGARD FOR SAFETY OF SELF OR OTHERS", (PAGE 10).

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.

Codes

CKG5I11 Intensity

CKG5F11 Frequency

CKG5O11 Onset

/ /

CKG6I01

CKG6E01

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

RESULTANT DIFFICULTIES

0 = Absent

2 = Present

CGK7I01
Intensity

FORM OF DIFFICULTY CAUSED BY GAMBLING LOSSES

1 = Using savings.

2 = Working extra.

3 = Borrowing from others to cover losses.

4 = Unable to pay other expenses.

5 = Unable to pay child support.

7 = Fear of physical harassement.

8 = Has been physically harassed over non-payment.

9 = Stealing, selling drugs or other illegal act to cover gamling losses.

10 = Other

CGK7I02

CGK7I03

CGK7I04

CGK7O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
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?*	**DISREGARD FOR SAFETY** 0 = Absent 2 = Present 3 = Present, and subject or other needed medical attention.	Ever:CGK8E01 Intensity [ ]
	DISREGARD FOR SAFETY IN PP 0 = Absent 2 = Present 3 = Present, and subject or other needed medical attention.	CGK8I01 Intensity [ ]
		Ever:CGK8F01 Frequency [ ]
	CGK8O01	Ever:CGK8O01 [/ /]
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?***	**SUBJECT HAS CHILD OR TAKES CARE OF CHILD** 0 = No 2 = Yes	Ever:ywn0300 Intensity [ ]
	PRIMARY PERIOD CARES FOR CHILD(REN) 0 = No 2 = Yes	ywn3303 Intensity [ ]
IF SUBJECT HAS A CHILD, 'STEPCHILD' OR TAKES CARE OF A CHILD, CONTINUE. OTHERWISE, SKIP TO "", (PAGE ERROR! BOOKMARK NOT DEFINED.**).**		

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

FOR REVIEW ONLY

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

0 = Absent

2 = Neglect or failure to adequately care for a child in at least two activities.

3 = Neglect or failure to adequately care for a child in most activities.

CHILD ABUSE

0 = Absent

2 = Present

3 = Present and child required medical care.

CHILD ABUSE

0 = Absent

2 = Present

3 = Present and child required medical care.

Codes

CGK9I01
Intensity

CGK9F01
Frequency

CGK9O01
Onset
/ /

Ever:CGL0E01
Intensity

CGL0I01
Intensity

CGL0F01
Frequency

CGL0O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

EVER SMOKED

0 = No

2 = Yes

Ever:CHA0E01
Intensity

DATE FIRST SMOKED

Ever:CHA0O02

/ /

DATE BEGAN SMOKING REGULARLY (CODE ONLY IF > 1 PER DAY)

Ever:CHA0O01

/ /

EVER: MOST SMOKED PER DAY ON A REGULAR BASIS (CODE ONLY IF > 1 PER DAY)

Ever:CHA0V01

DATE BEGAN MOST SMOKED PER DAY ON A REGULAR BASIS (CODE ONLY IT > 1 PER DAY)

Ever:CHA0O03

/ /

USE IN PP

0 = Absent

2 = Present

CHA0I01
Intensity

CURRENTLY SMOKING: # PER DAY ON A REGULAR BASIS (CODE ONLY IF >1 PER DAY)

CHA0F01

FOR REVIEW ONLY

Definitions and questions

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

EVER USED SNUFF

0 = No

2 = Yes

DATE OF FIRST PINCH OF SNUFF

DATE BEGAN USING SNUFF REGULARLY

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

DATE STARTED USING SNUFF AT THAT LEVEL

USE IN PP

0 = Absent

2 = Present

CURRENTLY USING SNUFF (CODE NUMBER OF 1/2 TINS/CANS PER WEEK) (1/2 TIN/CAN = 1/2 OZ = 5 DIPS/CHEWS)

Codes

Ever:CHA1E01
Intensity
[ ]

Ever:CHA1O02
[/ /]

Ever:CHA1O01
[/ /]

Ever:CHA1V01
[ ]

Ever:CHA1O03
[/ /]

CHA1I01
Intensity
[ ]

CHA1F01
[ ]

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

EVER CHEWED TOBACCO

0 = No

2 = Yes

Ever:CHA2E01
Intensity

DATE OF FIRST CHEW OF TOBACCO

CHA2O02
/ /

DATE BEGAN CHEWING TOBACCO REGULARLY

CHA2O01
/ /

CHEWS TOBACCO IN LAST 3 MONTHS

0 = Absent

2 = Present

CHA2I01
Intensity

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/CHEWS)

CHA2VO1 00

CURRENTLY USING CHEWING TOBACCO (CODE NUMBER OF 1/2 POUCHES PER WEEK) (1/2 POUCH =1 1/2 OZ = 3 WADS/CHEWS)

CHA2F01

DATE STARTED USING AT THAT LEVEL

CHA2O03
/ /

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?

ATTEMPT TO ABSTAIN FROM TOBACCO

0 = No

2 = Yes

tob1I00
Intensity

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).

FOR REVIEW ONLY

Definitions and questions

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?

Coding 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

Codes

Ever:CHL5E01
Intensity
[ ]

Ever:CHL5V01
Frequency
[ ]

Ever:CHL5O01
Onset
[/ /]

CHL5I01
Intensity
[ ]

CHL5D01
Duration
[ ]

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

CRAVING

0 = Absent

2 = Present

CHL6I01 Intensity

IRRITABILITY

Did it put you in a bad mood?

How long did that last?
Were you bad-tempered? Or irritable?

IRRITABILITY

0 = Absent

2 = Present

CHL6I02 Intensity

ANXIETY

Did you feel nervous?

Or anxious?

ANXIETY

0 = Absent

2 = Present

CHL6I03 Intensity

POOR CONCENTRATION

How was your concentration?

Did you have difficulty concentrating?
Was that different from usual?

POOR CONCENTRATION

0 = Absent

2 = Present

CHL6I04 Intensity

RESTLESSNESS

Did you feel restless?

Did you have trouble keeping still?

RESTLESSNESS

0 = Absent

2 = Present

CHL6I05 Intensity

INCREASED APPETITE

How was your appetite?

Did you eat more than usual?
Did you put on any weight?

INCREASED APPETITE

0 = No

2 = Increase in appetite so that more actually is eaten than usual.

CHL6I06 Intensity

FOR REVIEW ONLY

Definitions and questions

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

CHL6I07
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

ALCOHOL

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

Ever:CHA3E01
Intensity

CHA3O01

Ever:CHA3O01
/ /

ALCOHOL USE IN PP

0 = Absent

2 = Present

JJJ0I05
Intensity

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

CHA3F01

SOLITARY/ACCOMPANIED

0 = Solitary

2 = Often accompanied, but < 50% of the time

3 = Accompained 50% or more of the time

CHA3X01

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

EVER: USE WITHOUT PERMISSION

0 = Has never drunk without permission

2 = Has drunk alcohol without permission at some time

Ever:CHA4E01
Intensity

USE WITHOUT PERMISSION

0 = Has not drunk alcohol without permission during last 3 months

2 = Has drunk alcohol without permission during the last three months

CHA4I01
Intensity

CHA4F01
Frequency

Ever:CHA4O01
Onset
/ /

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?

EVER: USED WEEKLY

0 = No

2 = Yes

Ever:CHA5E01
Intensity

CHA5O01

Ever:CHA5O01
/ /

USED WEEKLY IN LAST 3 MONTHS

0 = No

2 = Yes

CHA5I01
Intensity

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?

EVER: USED DAILY

0 = No

2 = Yes

Ever:CHA6E01
Intensity

CHA6O01

Ever:CHA6O01
/ /

USED DAILY IN LAST 3 MONTHS

0 = No

2 = Yes

CHA6I01
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

EVER: BINGE DRINKING

0 = No

2 = Yes

Ever:alc0100
Intensity
[ ]

BINGE DRINKING IN LAST 3 MONTHS

0 = No

2 = Yes

alc0105
Intensity
[ ]

alc0110
Frequency
[ ]

ALC0115

Ever:alc0115
[/ /]

DRUNK

Subject's self-report of being "drunk".

Have you ever been "drunk"?

Have you been "drunk" in the last 3 months?

EVER DRUNK

0 = No

2 = Yes

Ever:CHA8E01
Intensity
[ ]

DRUNK IN PP

0 = No

2 = Yes

CHA8I01
Intensity
[ ]

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

Codes

INTOXICATION SCREEN — CHA8I02 Intensity

0 = No

2 = Yes

NUMBER OF TIMES DRUNK; CODE NUMBER OF TIMES DRUNK IN THE PAST 3 MONTHS — CHA8F01

NAUSEA; CODE NUMBER OF TIMES VOMITED WHILE DRUNK IN THE PAST 3 MONTHS — CHA8F02

PASSED OUT; CODE NUMBER OF TIMES PASSED OUT WHILE DRUNK IN PAST 3 MONTHS — CHA8F03

SLURRED SPEECH — CHA9X01

0 = Absent

2 = Present

INCOORDINATION — CHA9X02

0 = Absent

2 = Present

UNSTEADY GAIT — CHA9X03

0 = Absent

2 = Present

NYSTAGMUS — CHA9X04

0 = Absent

2 = Present

FLUSHED FACE — CHA9X05

0 = Absent

2 = Present

INTOXICATED IN LAST 3 MONTHS — CHA9F01

CHA8O01 — CHA8O01

/ /

DELUSIONS — CHL7I01

0 = Absent

2 = Present

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF SUBJECT HAS BEEN INTOXICATED, COMPLETE THIS SECTION, OTHERWISE , SKIP TO "DRUGS", (PAGE 18).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

ALCOHOL INTOXICATON 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).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

EVER: DESIRE TO CUT DOWN

0 = No desire to cut down

2 = Wishes to cut down

Ever:CHL8E01
Intensity

CHL8O01

Ever:CHL8O01
/ /

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?

EVER: ADVISED TO CUT DOWN

0 = Never advised by parents or others to cut down

2 = Advised to cut down

Ever:CHL9E01
Intensity

CHL9O01

Ever:CHL9O01
/ /

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?

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:CHM0E01
Intensity

Ever:CHM0V01
Frequency

CHM0O01

Ever:CHM0O01
/ /

TRIED TO CUT DOWN

0 = No attempt in last 3 months to cut down.

2 = Made attempt in last 3 months to cut down.

CHM0I01
Intensity

DAYS

CHM0D01
Duration

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

ALCOHOL WITHDRAWAL

To be considered symptoms of withdrawal, symptoms must have occured 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).

DRINKS OR USES ANOTHER SUBSTANCE TO AVOID WITHDRAWAL SYMPTOMS

0 = No

2 = Yes

Ever:CHM1I01
Intensity

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
TREMOR Coarse peripheral tremor, occuring 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?*	**TREMOR** 0 = No 2 = Yes	CHM2I01 Intensity ☐
NAUSEA/VOMITING Nausea or vomiting, occuring 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 avaliable or withheld). ***Did you feel nauseous?*** *Did you vomit?* *When did that start?*	**NAUSEA/VOMITING** 0 = No 2 = Yes	CHM2I02 Intensity ☐
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?*	**AUTONOMIC HYPERACTIVITY** 0 = No 2 = Yes	CHM2I03 Intensity ☐
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?*	**HEADACHE** 0 = No 2 = Yes	CHM2I04 Intensity ☐

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes

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?

INSOMNIA

0 = No

2 = Yes

CHM2I05
Intensity

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?

ANXIETY

0 = No

2 = Yes

CHM2I06
Intensity

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?

DEPRESSION

0 = No

2 = Yes

CHM2I07
Intensity

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?

IRRITABILITY

0 = No

2 = Yes

CHM2I08
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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.

PERCEPTUAL DISTORTIONS

0 = No

2 = Yes

CHM2I09
Intensity

SEIZURES

Grand mal seizures.

Did you have a seizure or fit?

Did you have spasms?
Or lose consciousness?

SEIZURES

0 = No

2 = Yes

CHM2I10
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

DRUG USE

0 = No

2 = Yes

Ever:CHBXXX 00
Intensity
[ ]

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?

CANNABIS USE

0 = No

2 = Yes

Ever:CHB0E01
Intensity
[ ]

CANNABIS USE IN LAST 3 MONTHS

0 = No

2 = Yes

CHB0I01
Intensity
[ ]

Ever:CHB0O01
Onset
[/ /]

COCAINE USE

Coke

Have you ever tried cocaine?

When did you first try?

Have you used it in the last 3 months?

COCAINE USE

0 = No

2 = Yes

Ever:CHB1E01
Intensity
[ ]

COCAINE USE

0 = No

2 = Yes

CHB1I01
Intensity
[ ]

Ever:CHB1O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions

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).

Coding rules

CRACK USE

0 = No

2 = Yes

CRACK USE IN THE LAST 3 MONTHS

0 = No

2 = Yes

Codes

Ever:CHB2E01
Intensity

CHB2I01
Intensity

Ever:CHB2O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

AMPHETAMINE USE

Uppers, speed.

Have you ever used amphetamines (speed, uppers)?

When did you first try?

Have you had any in the last 3 months?

AMPHETAMINE USE

0 = No

2 = Yes

AMPHETAMINE USE IN THE LAST 3 MONTHS

0 = No

2 = Yes

Ever:CHB3E01
Intensity

Intensity

CHB3I01
Intensity

Ever:CHB3O01
Onset
/ /

ICE USE

Have you ever tried Ice?

When did you first start?

Have you had any in the last 3 months?

ICE USE

0 = No

2 = Yes

ICE USE IN THE LAST 3 MONTHS

0 = No

2 = Yes

Ever:CHB4E01
Intensity

Intensity

CHB4I01
Intensity

Ever:CHB4O01
Onset
/ /

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?

EVER: METHAMPHETAMINE USE

0 = No

2 = Yes

METH USE IN PP

0 = No

2 = Yes

Ever:ywn9000
Intensity

Intensity

ywn9001
Intensity

Ever:ywn9002
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

INHALANT USE

0 = No

2 = Yes

INHALANT USE IN THE LAST 3 MONTHS

0 = No

2 = Yes

Ever:CHB5E01 Intensity

CHB5I01 Intensity

Ever:CHB5O01 Onset

/ /

NITRITE INHALANT USE

Poppers

Have you ever used nitrite inhalants or poppers?

When did it first start?

How about in the last 3 months?

NITRITE INHALANTS

0 = No

2 = Yes

NITRITE INHALANT USE IN THE LAST 3 MONTHS

0 = No

2 = Yes

Ever:CHM4E01 Intensity

CHM4I01 Intensity

Ever:CHM4O01 Onset

/ /

HEROIN USE

Heroin, smack

Have you ever tried heroin?

When did you first try it?

Have you used it in the last 3 months?

HEROIN USE

0 = No

2 = Yes

HEROIN USE IN THE LAST 3 MONTHS

0 = No

2 = Yes

Ever:CHB6E01 Intensity

CHB6I01 Intensity

Ever:CHB6O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
ECSTASY USE		
Have you ever used ecstasy?	**EVER: ECSTASY USE**	Ever:ywn9100
	0 = No	Intensity
When did you first try it?	2 = Yes	
In the last 3 months?	**ECSTASY USE IN PP**	ywn9102
	0 = No	Intensity
	2 = Yes	
		Ever:ywn9101
		Onset
		/ /
OTHER OPIOID USE		
Morphine,opium, codeine, other opioid pain killers.	**OTHER OPIOIDS USE**	Ever:CHB7E01
	0 = No	Intensity
Have you tried any other opiods like morphine, codeine, or other pain killers?	2 = Yes	
When did you first try it?	**OTHER OPIOID USE IN LAST 3 MONTHS**	CHB7I01
	0 = No	Intensity
Have you had any in the last 3 months?	2 = Yes	
		Ever:CHB7O01
		Onset
		/ /
OXYCODONE USE		
Oxy, Oxycotin, Oxycodone	**EVER: OXYCODONE USE**	Ever:ywn9105
	0 = No	Intensity
Have you ever used Oxycodone (oxycotin, oxy)?	2 = Yes	
When did you first try it?	**OXYCODONE USE IN PP**	ywn9106
	0 = No	Intensity
Have you had it in the last 3 months?	2 = Yes	
		Ever:ywn9107
		Onset
		/ /

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
LSD USE		
Have you ever used LSD?	**LSD USE** 0 = No 2 = Yes	Ever:CHB8E01 Intensity [ ]
When did you first try it?		
Have you used it in the last 3 months?	**LSD USE IN THE LAST 3 MONTHS** 0 = No 2 = Yes	CHB8I01 Intensity [ ]
		Ever:CHB8O01 Onset [/ /]
PCP USE		
Angel Dust	**PCP USE** 0 = No 2 = Yes	Ever:CHB9E01 Intensity [ ]
Have you ever tried PCP or Angel Dust?		
When did you first try?	**PCP USE IN THE LAST 3 MONTHS** 0 = No 2 = Yes	CHB9IO0100 Intensity [ ]
Have you had any in the last 3 months?		
		Ever:CHB9O01 Onset [/ /]
PSILOCYBIN USE		
Magic mushrooms	**PSILOCYBIN USE** 0 = No 2 = Yes	Ever:CHC0E01 Intensity [ ]
Have you ever done shrooms?		
When did you first try it?	**PSILOCYBIN USE IN THE LAST 3 MONTHS** 0 = No 2 = Yes	CHC0I01 Intensity [ ]
Have you had any in the last 3 months?		
		Ever:CHC0O01 Onset [/ /]

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

SEDATIVE USE

0 = No

2 = Yes

Ever:CHC1E01
Intensity
[ ]

SEDATIVE USE IN THE LAST 3 MONTHS

0 = No

2 = Yes

CHC1I01
Intensity
[ ]

Ever:CHC1O01
Onset
[/ /]

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?

OTHER DRUG USE

0 = No

2 = Yes

Ever:CHC2E01
Intensity
[ ]

OTHER DRUG USE IN THE LAST 3 MONTHS

0 = No

2 = Yes

CHC2I01
Intensity
[ ]

Ever:CHC2O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
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?*	**STERIOD USE** 0 = No 2 = Yes **STERIOD USE IN THE LAST 3 MONTHS** 0 = No 2 = Yes **WEEKS** **WEEKS**	Ever:CHC3E01 Intensity [ ] CHC3I01 Intensity [ ] Ever:CHC3O01 Onset [/ /] Ever:CHC3D01 [ ] CHC3D02 [ ]

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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 OPIODS/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.

Codes

Ever:CHC4I90
Intensity

Ever:CHC4E01

Ever:CHC4E02

Ever:CHC4E03

Ever:CHC4E04

Ever:CHC4E05

Ever:CHC4E06

Ever:CHC4O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

DEALT IN PP

0 = No

2 = Yes

CHC4X02
Intensity

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.

CHC4I01

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.

CHC4I02

DEALT 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.

CHC4I03

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.

CHC4I04

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.

CHC4I05

DEALT SEDATIVES

2 = 1-5 occasions only

3 = 6 or more occasions.

4 = As 3, but value of drugs> $1,000 over last 12 mos.

CHC4I06

VALUE OF DRUGS SOLD IN LAST 3 MONTHS

Ever:CHC4X01

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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:CHC5E01 Intensity

Ever:CHC5O01 Onset

/ /

USED WEEKLY (AT LEAST 1 DAY PER WEEK FOR A MONTH) IN THE LAST 3 MONTHS

0 = No

2 = Yes

CHC5I01 Intensity

CANNABIS USE DAILY

Have you ever used "marijuana" daily; at least 5 days a week for a month or more?

When did you start using at that level?

Have you used "marijuana" daily in the last 3 months?

EVER: CANNABIS USE DAILY

0 = Absent

2 = Present

Ever:CHC6E01 Intensity

Ever:CHC6O01 Onset

/ /

CANNABIS USE DAILY IN PP

0 = Absent

2 = Present

CHC6I01 Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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

0 = No

2 = < 50% of the time

3 = > 50% of the time

CHC7I01
Intensity

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

CHC7I02

CHC7I03

CHC7I04

CHC7I05

CHC7I06

CHC7I07

CHC7I08

CHC7I09

CHC7I10

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

0 = Absent

2 = Present

Ever:CHC8E01
Intensity

Ever:CHC8O01
Onset

/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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

Codes

CHC8I01
Intensity

CHC8F01
Frequency

CHC8X01

CHC8X02

CHC8X03

CHC8X04

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

BEHAVIORAL CHANGES: CANNABIS

0 = Absent

2 = Present

JJJ0I07
Intensity

ADDITIONAL BEHAVIORAL CHANGES

1 = Euphoria

2 = Suspiciousness/Paranoid Ideation

3 = Sensation of Slowed Time

4 = Anxiety

5 = Social Withdrawal

6 = Auditory, Tactile, or Visual Illusions

7 = Auditory, Tactile or Visual Hallicinations

8 = Delusions

CHC8X05

CHC8X06

CHC8X07

CHC8X08

CHC8X09

CHC8X10

CHC8X11

CHC8X12

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?

EVER: DESIRE TO CUT DOWN

0 = No desire to cut down

2 = Wishes to cut down

Ever:CHC9E01
Intensity

Ever:CHC9O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

EVER: ADVISED TO CUT DOWN

0 = Never advised by parents or others to cut down

2 = Advised to cut down

Ever:CHD0E01
Intensity

Ever:CHD0O01
Onset
/ /

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?

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:CHD1E01
Intensity

Ever:CHD1VO100
Frequency

DAYS

Ever:CHD1D01
Duration

Ever:CHD1O01
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.

CHD2I01
Intensity

DAYS

CHD2D01
Duration

FOR REVIEW ONLY

Definitions and questions

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).

Coding rules

CANNABIS 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.

CANNABIS WITHDRAWAL

0 = Withdrawal symptoms absent

2 = Withdrawal symptoms present

Codes

ywn0111
Intensity

ywn0112
Onset
/ /

ywn0113
Intensity

ywn0114
Onset
/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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

/ /

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

/ /

COCAINE USE DAILY IN PP

0 = Absent

2 = Present

CHD4I01 Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

USED WEEKLY (AT LEAST ONCE PER WEEK FOR A MONTH)

0 = No

2 = Yes

Ever:CHD5E01
Intensity

Ever:CHD5O01
Onset
/ /

USED WEEKLY (AT LEAST 1 DAY PER WEEK FOR A MONTH) IN LAST 3 MONTHS

0 = No

2 = Yes

CHD5I01
Intensity

USED DAILY

0 = No

2 = Yes

Ever:CHD6E01

CHD6O01
Onset
/ /

USED DAILY (AT LEAST 5 DAYS PER WEEK FOR A MONTH) IN LAST 3 MONTHS

0 = No

2 = Yes

CHD6I01

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

MODE OF ADMINSTRATION (COCAINE/CRACK)

0 = No

2 = Yes

Ever:CHD7X01
Intensity

COCAINE/ CRACK ADMINISTRATION METHODS

1 = Oral

2 = Smoked

3 = Freebased

4 = Snorted

5 = Injected: Subcutaneous/IM

6 = Injected: IV

Specify

Ever:CHD7I01

Ever:CHD7I02

Ever:CHD7I03

Ever:CHD7I04

Ever:CHD7I05

Ever:CHD7I06

SHARED NEEDLES

0 = No

2 = Yes, with attempt at hygienic precautions

3 = Yes, without attempt at hygienic precautions

Ever:CHD7E03

FOR REVIEW ONLY

Definitions and questions

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 = Opiods/Oxycodone

7 = Hallucinogens/PCP/Psylocybin

8 = Sedatives

9 = With more than one of the above groups

Specify

_____

_____

Codes

CHD8I01 ☐

CHD8X01 Intensity ☐

CHD8I02 ☐

CHD8I03 ☐

CHD8I04 ☐

CHD8I05 ☐

CHD8I06 ☐

CHD8I07 ☐

CHD8I08 ☐

CHD8I09 ☐

CHD8I10 ☐

FOR REVIEW ONLY

Definitions and questions

COCAINE INTOXICATION

Any of the following signs within 2 hours of using cocaine: tachycardia, pupillary dilation, perspriation or chillls, 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?

Coding rules

COCAINE INTOXICATION

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

TACHYCARDIA/ARRHYTHMIA

0 = No

2 = Yes

CHEST PAIN

0 = No

2 = Yes

NAUSEA/VOMITING

0 = No

2 = Yes

SWEATING

0 = No

2 = Yes

CHILLS

0 = No

2 = Yes

PUPILLARY DILATION

0 = No

2 = Yes

NEUROMUSCULAR PROBLEMS

0 = No

2 = Yes

Codes

Ever:CHD9E01
Intensity

Ever:CHD9O01
Onset
/ /

CHD9I01
Intensity

CHD9F01
Frequency

CHD9X01

CHD9X11

CHD9X02

CHD9X03

CHD9X13

CHD9X04

CHD9X15

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
Did you find yourself keeping a sharp lookout on what was going on?	**CONFUSION**	CHD9X16
Did you get suspicious about anything?	0 = No	
Did you start to feel important?	2 = Yes	
Or that you were a really powerful person?	**UNCONSIOUSNESS**	CHD9X17
Or feel that you could do things that you couldn't usually do?	0 = No	
Did you see or hear anything that wasn't really there?	2 = Yes	
Did you start to believe any strange or unusual things?	**SEIZURES**	CHD9X18
	0 = No	
	2 = Yes	
	EUPHORIA	CHD9X06
	0 = No	
	2 = Yes	
	PSYCHOMOTOR AGITATION	CHD9X07
	0 = No	
	2 = Yes	
	PSYCHOMOTOR RETARDATION	CHD9X19
	0 = No	
	2 = Yes	
	HYPERVIGILANCE	CHD9X08
	0 = No	
	2 = Yes	
	GRANDIOSITY	CHD9X09
	0 = No	
	2 = Yes	
	HALLUCINATIONS	CHD9X05
	0 = No	
	2 = Yes	
	DELUSIONS	CHD9X10
	0 = No	
	2 = Yes	

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF THE SUBJECT HAS BEEN HYPERVIGILANT, UNDULY SUSPICIOUS, AGITATED, OR GRANDIOSE, PROBE FOR DELUSIONAL SYNDROME. MAKE A NOTE HERE THAT "COCAINE" 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 "AMPHETAMINE", (PAGE 46).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

COCAINE: DESIRE TO CUT DOWN

Tthe 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?

COCAINE: DESIRE TO CUT DOWN

0 = No desire to cut down

2 = Wishes to cut down

Ever:CHE0E01
Intensity

Ever:CHE0O01
Onset
/ /

COCAINE: 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?

COCAINE: ADVISED TO CUT DOWN

0 = Never advised by parents or others to cut down

2 = Advised to cut down

Ever:CHE1E01
Intensity

Ever:CHE1O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

COCAINE: 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?

Coding rules

COCAINE: 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.

DAYS

Codes

Ever:CHE2E01
Intensity

Ever:CHE2V01
Frequency

Ever:CHE2D01
Duration

Ever:CHE2O01
Onset
/ /

CHE3I01
Intensity

CHE3D01
Duration

FOR REVIEW ONLY

Definitions and questions

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?

What happened?
Did you use cocaine or other substances to get the symptoms to go away?
Did it work?
What happened then?
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?

Or your appetite?

Were you slowed down in your movements?

Or did you move around alot?

Did you have an increase in anxiety or depression or irritability?

Coding rules

COCAINE WITHDRAWAL

0 = Absent

2 = Present

LAST 3 MONTHS

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.

HYPERSOMNIA

0 = Absent

2 = Hypersomnia occurs in at least 2 activities and is at least sometimes uncontrollable.

3 = Hypersomnia occurs in nearly all activities and is nearly always uncontrollable.

UNPLEASANT DREAMS

2 = Unpleasant Dreams

3 = Nightmares

INCREASED APPETITE

0 = No

2 = Yes

PSYCHOMOTOR RETARDATION OR AGITATION

0 = No

2 = Yes

DYSPHORIC MOOD

0 = Absent

2 = Increased depression and/or irritability and/or anxiety

Codes

Ever:CHE4X01
Intensity

CHE4X02
Intensity

CHE4I01

CHE4I02

CHE4I05

CHE4I06

CHE4I07

CHE4I03

CHE4I04

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF AMPHETAMINE/ICE/METH USE ABSENT, SKIP TO "INHALANT", (PAGE 59).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

AMPHETAMINE, ICE, METHAMPHETAMINE SECTION

AMPHETAMINE

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?

EVER: USED WEEKLY

0 = No

2 = Yes

Ever:CHE5E01
Intensity

Ever:CHE5O01
Onset
/ /

USED WEEKLY IN LAST 3 MONTHS

0 = No

2 = Yes

CHE5I01
Intensity

EVER: USED DAILY

0 = No

2 = Yes

Ever:CHE6E01

CHE6O01
Onset
/ /

USED DAILY IN LAST 3 MONTHS

0 = No

2 = Yes

CHE6I01

FOR REVIEW ONLY

Definitions and questions

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?

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

Codes

Ever:CHE7E01
Intensity

Ever:CHE7O01
Onset
/ /

CHE7I01
Intensity

Ever:CHE8E01

CHE8O01
Onset
/ /

CHE8I01

FOR REVIEW ONLY

Definitions and questions

METHAMPHETAMINE

IF SUBJECT DID NOT USE METHAMPHETAMINE, MARK AS STRUCTURALLY MISSING.

Have you used methamphetamines 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

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 THREE MONTHS

0 = No

2 = Yes

Codes

Ever:ywn0200
Intensity

Ever:ywn0201
Onset
/ /

ywn0202
Intensity

Ever:ywn0331

ywn0301
Onset
/ /

ywn0302

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

Codes

USE OF AMPHETAMINES/ICE/METH IN PP — CHE9X01 Intensity

0 = No

2 = Yes

ORAL — CHE9I01

0 = No

2 = Yes

INHALED — CHE9I02

0 = No

2 = Yes

EVER: INJECTED: SUBCUTANEOUS/IM — CHE9E01

0 = No

2 = Yes

INJECTED IN LAST 3 MONTHS: SUBCUTANEOUS/IM — CHE9I03

0 = No

2 = Yes

EVER: INJECTED: IV — CHE9E02

0 = No

2 = Yes

INJECTED IN LAST 3 MONTHS: IV — CHE9I04

0 = No

2 = Yes

EVER: SHARED NEEDLES — CHE9E03

0 = No

2 = Yes, with attempt at hygienic precautions

3 = Yes, without attempt at hygienic precautions

FOR REVIEW ONLY

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

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

Codes

CHE9X05 Intensity

CHE9I05

CHE9I06

CHE9I07

CHE9I08

CHE9I09

CHE9I10

CHE9I11

CHE9I12

CHE9I13

CHE9I14

FOR REVIEW ONLY

Definitions and questions

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, suspicousness 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

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

TACHYCARDIA/ARRHYTHMIA

0 = No

2 = Yes

CHEST PAIN

0 = No

2 = Yes

NAUSEA/VOMITING

0 = No

2 = Yes

SWEATING

0 = No

2 = Yes

CHILLS

0 = No

2 = Yes

PUPILLARY DILATION

0 = No

2 = Yes

NEUROMUSCULAR PROBLEMS

0 = No

2 = Yes

Codes

Ever:CHF0E01
Intensity

Ever:CHF0O01
Onset
/ /

CHF0I01
Intensity

CHF0F01
Frequency

CHF0X01

CHF0X12

CHF0X05

CHF0X03

CHF0X04

CHF0X02

CHF0X13

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
	CONFUSION	CHF0X14
	0 = No	☐
	2 = Yes	
	UNCONCIOUSNESS	CHF0X15
	0 = No	☐
	2 = Yes	
	SEIZURE/CONVULSIONS	CHF0X16
	0 = No	☐
	2 = Yes	
	SUSPICION/PARANOIA	ywn9991
	0 = No	☐
	2 = Yes	
	SORES/LESIONS	ywn9992
	0 = No	☐
	2 = Yes	

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

BEHAVIORAL CHANGES IN PP

0 = Absent

2 = Present

EUPHORIA

0 = No

2 = Yes

PSYCHOMOTOR AGITATION

0 = No

2 = Yes

PSYCHOMOTOR RETARDATION

0 = No

2 = Yes

HYPERVIGILANCE

0 = No

2 = Yes

GRANDIOSITY

0 = No

2 = Yes

HALLUCINATIONS

0 = No

2 = Yes

DELUSIONS

0 = No

2 = Yes

Codes

CHF0I99
Intensity

CHF0X06

CHF0X07

CHF0X17

CHF0X08

CHF0X09

CHF0X10

CHF0X11

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

EVER: DESIRE TO CUT DOWN

0 = No desire to cut down

2 = Wishes to cut down

Ever:CHF1E01 Intensity

Ever:CHF1O01 Onset

/ /

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?

EVER: ADVISED TO CUT DOWN

0 = Never advised by parents or others to cut down

2 = Advised to cut down

Ever:CHF2E01 Intensity

Ever:CHF2O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions

AMPHETAMINE/ICE/METH: ATTEMPTS 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?

Coding 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.

DAYS

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.

DAYS

Codes

Ever:CHF3E01
Intensity

Ever:CHF3V01
Frequency

Ever:CHF3D01
Duration

Ever:CHF3O01
Onset
/ /

CHF4I01
Intensity

CHF4D01
Duration

FOR REVIEW ONLY

Definitions and questions

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 alot?

Did you notice that you were more depressed or irritable than usual?

IF INHALENT/NITRITE INHALENT USE ABSENT, SKIP TO "HEROIN/ECSTASY", (PAGE 69).

Coding rules

AMPHETAMINE WITHDRAWAL

0 = No

2 = Yes

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.

HYPERSOMNIA

0 = Absent

2 = Hypersomnia occurs in at least 2 activities and is at least sometimes uncontrollable.

3 = Hypersomnia occurs in nearly all activities and is nearly always uncontrollable.

UNPLEASANT DREAMS

2 = Unpleasant Dreams

3 = Nightmares

INCREASED APPETITE

0 = No

2 = Yes

PSYCHOMOTOR RETARDATION OR AGITATION

0 = No

2 = Yes

DYSPHORIC MOOD

0 = Absent

2 = Increased depression and/or irritability and/or anxiety

Codes

CHF5X01 Intensity

CHF5I01

CHF5I02

CHF5I03

CHF5I04

CHF5I05

CHF5I06

CHF5I07

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

EVER: USED WEEKLY

0 = No

2 = Yes

Ever:CHF6E01
Intensity

Ever:CHF6O01
Onset
/ /

USED WEEKLY IN LAST 3 MONTHS

0 = No

2 = Yes

CHF6I01
Intensity

EVER: USED DAILY

0 = No

2 = Yes

Ever:CHF7E01

CHF7O01
Onset
/ /

USED DAILY IN LAST 3 MONTHS

0 = No

2 = Yes

CHF7I01

FOR REVIEW ONLY

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

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

Codes

CHF8X01
Intensity

CHF8I01

CHF8I02

FOR REVIEW ONLY

Definitions and questions

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/unconciousness.

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 conciousness?

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

DIZZINESS

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:CHF9O01
Onset
/ /

CHF9I01
Intensity

CHF9F01
Frequency

CHF9X01

CHF9X02

CHF9X03

CHF9X04

CHF9X05

CHF9X06

CHF9X07

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

GENERALIZED MUSCLE WEAKNESS CHF9X08

0 = Absent

2 = Present

NYSTAGMUS CHF9X09

0 = Absent

2 = Present

BLURRED VISION/DIPLOPIA CHF9X10

0 = Absent

2 = Present

EUPHORIA CHF9X11

0 = Absent

2 = Present

STUPOR/UNCONCIOUSNESS CHF9X12

0 = Absent

2 = Present

DELUSIONS CHM3I01

0 = Absent

2 = Present

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).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

EVER: DESIRE TO CUT DOWN

0 = No desire to cut down

2 = Wishes to cut down

Ever:CGH0E01
Intensity

Ever:CHG0O01
Onset

/ /

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: ADVISED TO CUT DOWN

0 = Never advised by parents or others to cut down

2 = Advised to cut down

Ever:CHG1E01
Intensity

Ever:CHG1O01
Onset

/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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

Codes

Ever:CHG2E01
Intensity

Ever:CHG2V01
Frequency

Ever:CHG2D01
Duration

Ever:CHG2O01
Onset
/ /

CHG3I01
Intensity

CHG3D01
Duration

FOR REVIEW ONLY

Definitions and questions

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 you 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.

Codes

CHG4X04 Intensity

CHG4I01

CHG4I02

CHG4I03

FOR REVIEW ONLY

Definitions and questions

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

Codes

Ever:CHM5E01
Intensity

Ever:CHM5O01
Onset
/ /

CHM5I01
Intensity

Ever:CHM6E01

CHM6O01
Onset
/ /

CHM6I01

FOR REVIEW ONLY

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?

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).

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/Psylocybin

8 = Sedatives

9 = With more than one of the above groups

DELUSIONS

0 = Absent

2 = Partial delusions.

3 = Full delusional conviction.

Codes

CHM7I01
Intensity

CHM7I02

CHM8I01

REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF HEROIN/EXSTACY USE ABSENT, SKIP TO "OTHER OPIODS/OXYCODONE", (PAGE 78).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

EVER: USED WEEKLY

0 = No

2 = Yes

Ever:CHG5E01
Intensity

Ever:CHG5O01
Onset
/ /

USED WEEKLY IN LAST 3 MONTHS

0 = No

2 = Yes

CHG5I01
Intensity

EVER: USED DAILY

0 = No

2 = Yes

Ever:CHG6E01

CHG6O01
Onset
/ /

USED DAILY IN LAST 3 MONTHS

0 = No

2 = Yes

CHG6I01

FOR REVIEW ONLY

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?

Coding rules

HEROIN USED IN PP

0 = No

2 = Yes

ORAL

0 = No

2 = Yes

INHALED

0 = No

2 = Yes

EVER: INJECTED:SUBCUTANEOUS/IM

0 = No

2 = Yes

INJECTED IN LAST 3 MONTHS/SUBCUTANEOUS/IM

0 = No

2 = Yes

EVER: INJECTED/IV

0 = No

2 = Yes

INJECTED IN LAST 3 MONTHS: IV

0 = No

2 = Yes

EVER: SHARED NEEDLES

0 = No

2 = Yes, with attempt at hygienic precautions

3 = Yes, without attempt at hygienic precautions

Codes

CHG7X05 Intensity

CHG7I01

CHG7I02

Ever:CHG7E01 Intensity

CHG7I03

Ever:CHG7E02

CHG7I04

Ever:CHG7E03

FOR REVIEW ONLY

Definitions and questions

HEROIN/EXSTACY: 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

Codes

CHG7X07
Intensity

CHG7I05

CHG7I06

FOR REVIEW ONLY

Definitions and questions

HEROIN/EXSTACY 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?

Coding rules

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

UNCONCIOUSNESS

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

Codes

Ever:CHG8E01
Intensity

Ever:CHG8O01
Onset
/ /

CHG8I01
Intensity

CHG8F01
Frequency

CHG8X01

CHG8X02

CHG8X11

CHG8X03

CHG8X04

CHG8X05

CHG8X06

CHG8X07

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

2 = Yes

AUDITORY, TACTILE, OR VISUAL ILLUSIONS

CHG8X08

0 = No

2 = Yes

AUDITORY, TACTILE, OR VISUAL HALLUCINATIONS

CHG8X09

0 = No

2 = Yes

DELUSIONS

CHG8X10

0 = No

2 = Yes

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 OPIODS/OXYCODONE", (PAGE 78).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

DESIRE TO CUT DOWN

0 = No desire to cut down

2 = Wishes to cut down

Ever:CHG9E01
Intensity

Ever:CHG9O01
Onset
/ /

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?

ADVISED TO CUT DOWN

0 = Never advised by parents or others to cut down

2 = Advised to cut down

Ever:CHH0E01
Intensity

Ever:CHH0O01
Onset
/ /

FOR REVIEW ONLY

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

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

Codes

Ever:CHH1E01
Intensity

Ever:CHH1V01
Frequency

Ever:CHH1D01
Duration

Ever:CHH1O01
Onset
/ /

CHH2I01
Intensity

CHH2D01
Duration

FOR REVIEW ONLY

Definitions and questions

HEROIN/EXSTACY: WITHDRAWAL

To be considered symptoms of withdrawal, the following symptoms must have occured 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?

Coding rules

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

Codes

CHH3X11 Intensity

CHH3X01

CHH3X02

CHH3X03

CHH3X04

CHH3X05

CHH3X06

CHH3X07

CHH3X08

CHH3X09

CHH3X10

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF OTHER OPIODS/OXYCODONE USE ABSENT, SKIP TO "LSD", (PAGE 87).

FOR REVIEW ONLY

Definitions and questions

OTHER OPIODS/OXYCODONE

WHEN QUESTIONING ABOUT DRUGS SUBSTITUTE THE SUBJECT'S NAMES FOR THEM

You said that you have used other opiods and/or oxycodone...

How often have you used them?
Have you ever used "other opoids" 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)?

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

Codes

Ever:CHH4E01
Intensity

Ever:CHH4O01
Onset
/ /

CHH4I01
Intensity

Ever:CHH5E01

CHH5O01
Onset
/ /

CHH5I01

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

OTHER OPIODS/OXYCODONE SECTION

OTHER OPIODS/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?

ADMINISTERED IN PP — CHH6X01 Intensity

0 = No

2 = Yes

ORAL — CHH6I01

0 = No

2 = Yes

INHALED — CHH6I02

0 = No

2 = Yes

EVER: INJECTED: SUBCUTANEOUS/IM — Ever:CHH6E01 Intensity

0 = No

2 = Yes

INJECTED IN LAST 3 MONTHS: SUBCUTANEOUS/IM — CHH6I03

0 = No

2 = Yes

EVER: INJECTED: IV — Ever:CHH6E02

0 = No

2 = Yes

INJECTED IN LAST 3 MONTHS: IV — CHH6I04

0 = No

2 = Yes

EVER: SHARED NEEDLES — Ever:CHH6E03

0 = No

2 = Yes, with attempt at hygienic precautions

3 = Yes, without attempt at hygienic precautions

FOR REVIEW ONLY

Definitions and questions

OTHER OPIODS/OXYCODONE: USE IN COMBINATION

Did you use anything else with "other opiods or oxycodone" in the last 3 months?

What was it?
What about alcohol?
How often was that?

Coding rules

USED 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 = Opiods/Oxycodone

7 = Hallucinogens/PCP/Psylocybin

8 = Sedatives

9 = With more than one of the above groups

Codes

CHH6X05 Intensity

CHH6I05

CHH6I06

FOR REVIEW ONLY

Definitions and questions

OTHER OPIODS/OXYCODONE: INTOXICATION

Any of the following signs within 2 hours of using opiods:

Check following signs of intoxication:

Do you get high when you use opiods or oxycodone?

What is that like?
How often do you get high?
Have you ever noticed any physical effects when you use other opiods/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?
Was your memory affected?

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?

Coding rules

EVER: INTOXICATED

0 = No

2 = Has been intoxicated at some time

INTOXICATED

0 = No

2 = Has been intoxicated at some time

PUPILLARY CONSTRICTION

0 = No

2 = Yes

DROWSINESS

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

2 = Yes

DELUSIONS

0 = No

Codes

Ever:CHH7E01
Intensity

Ever:CHH7O01
Onset
/ /

CHH7I01
Intensity

CHH7F01
Frequency

CHH7X01

CHH7X02

CHH7X03

CHH7X04

CHH7X05

CHH7X06

CHH7X07

CHH7X08

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
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 OPIODS/OXYCODONE FOR ANY 5 DAY PERIOD...OTHERWISE,, SKIP TO "LSD", (PAGE 87).**	2 = Yes	

FOR REVIEW ONLY

Definitions and questions

OTHER OPIODS/OXYCODONE: DESIRE TO CUT DOWN

The subject has at certain times felt that s/he would like to reduce his/her opiod 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 opiods or oxycodone?

When did you first want to cut down?

OTHER OPIODS/OXYCODONE: ADVISED TO CUT DOWN

Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her opiod 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

0 = No desire to cut down

2 = Wishes to cut down

EVER: ADVISED TO CUT DOWN

0 = No

2 = Yes

Codes

Ever:CHH8E01
Intensity

Ever:CHH8O01
Onset
/ /

Ever:CHH9E01
Intensity

Ever:CHH9O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

OTHER OPIODS/OXYCODONE: ATTEMPTS TO CUT DOWN

Actual effort at reduced opiod 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?

Coding 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.

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

Codes

Ever:CHI0E01
Intensity

Ever:CHI0V01
Frequency

Ever:CHI0D01
Duration

Ever:CHI0O01
Onset
/ /

CHI1I01
Intensity

CHI1D01
Duration

FOR REVIEW ONLY

Definitions and questions

OTHER OPIODS/OXYCODONE: WITHDRAWAL

To be considered symptoms of withdrawal, the following symptoms must have occurred within 8 hours of ending (or reducing the amount of opiods ingested during) a period of heavy ingestion of opiods (that lasted at least 3 days).

What happens if you cut down on your use of opiods or oxycodone?

Tell me about the last time you cut down.
Do you notice any physical symptoms?

What happened?
Did you use opiods or oxycodone to make the symptoms go away?
Did it work?
What happened then?
Did you feel that you really needed some opiods 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

OPIOD WITHDRAWAL 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 DILATATION

0 = No

2 = Yes

DIARRHEA

0 = No

2 = Yes

YAWNING

0 = No

2 = Yes

FEVER

0 = No

2 = Yes

INSOMNIA

0 = No

2 = Yes

Codes

CHI2X11 Intensity

CHI2X01

CHI2X02

CHI2X03

CHI2X04

CHI2X05

CHI2X06

CHI2X07

CHI2X08

CHI2X09

CHI2X10

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF HALLUCINOGEN USE ABSENT, SKIP TO "SEDATIVE", (PAGE 104).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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:CHI3E01
Intensity

Ever:CHI3O01
Onset
/ /

USED WEEKLY IN LAST 3 MONTHS

0 = No

2 = Yes

CHI3I01
Intensity

EVER: USED DAILY

0 = No

2 = Yes

Ever:CHI4E01

CHI4O01
Onset
/ /

USED DAILY IN LAST 3 MONTHS

0 = No

2 = Yes

CHI4I01

FOR REVIEW ONLY

Definitions and questions

PSILOCYBIN (MAGIC MUSHROOMS)

WHEN QUESTIONING ABOUT DRUGS SUBSTITUTE THE SUBJECT'S NAMES FOR THEM

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

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

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

Codes

Ever:CHI5E01
Intensity

Ever:CHI5O01
Onset
/ /

CHI5I01
Intensity

Ever:CHI6E01

CHI6O01
Onset
/ /

CHI6I01

CHI7X04
Intensity

CHI7I01

CHI7I02

CHI7I03

FOR REVIEW ONLY

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

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

Codes

CHI8X04
Intensity

CHI8I01

CHI8I02

FOR REVIEW ONLY

Definitions and questions

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?

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

TACHYCARDIA

0 = No

2 = Yes

PALPITATIONS

0 = No

2 = Yes

SWEATING/CHILLS

0 = No

2 = Yes

BLURRED VISION

0 = No

2 = Yes

TREMOR

0 = No

2 = Yes

INCOORDINATION

0 = No

2 = Yes

PUPILLARY DILATATION

0 = No

2 = Yes

Codes

Ever:CHI9E01
Intensity

Ever:CHI9O01
Onset
/ /

CHI9I01
Intensity

CHI9F01
Frequency

CHI9X01

CHI9X02

CHI9X03

CHI9X04

CHI9X05

CHI9X06

CHI9X07

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
Did any sensation seem to get changed into other sensations? *Like being able to feel colors or see sounds?* ***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 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 you couldn't usually do?***	**CHANGED PERCEPTIONS** 0 = No 2 = Yes	CHI9X08
	DEREALIZATION 0 = No 2 = Yes	CHI9X09
	DEPERSONALIZATION 0 = No 2 = Yes	CHI9X10
	HALLUCINATIONS 0 = No 2 = Yes	CHI9X11
	SYNTHESIA 0 = No 2 = Yes	CHI9X12
	HYPERVIGILANCE 0 = No 2 = Yes	CHI9X13
	GRANDIOSITY 0 = No 2 = Yes	CHI9X14
	DELUSIONS 0 = No 2 = Yes	CHI9X15

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF USE OF HALLUNCINOGEN 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 IF USE OF HALLUCINOGEN...OTHERWISE,, SKIP TO "PCP", (PAGE 95).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

EVER: DESIRE TO CUT DOWN

0 = No desire to cut down

2 = Wishes to cut down

Ever:CHJ0E01
Intensity

Ever:CHJ0O01
Onset
/ /

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: ADVISED TO CUT DOWN

0 = Never advised by parents or others to cut down

2 = Advised to cut down

Ever:CHJ1E01
Intensity

Ever:CHJ1O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

HALLUCINOGENS: 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?

Coding rules

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

Codes

Ever:CHJ2E01
Intensity

Ever:CHJ2V01
Frequency

Ever:CHJ2D01
Duration

Ever:CHJ2O01
Onset
/ /

CHJ3I01
Intensity

CHJ3D01
Duration

FOR REVIEW ONLY

Definitions and questions

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

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

Codes

Ever:CHJ4E01
Intensity

Ever:CHJ4O01
Onset
/ /

CHJ4I01
Intensity

Ever:CHJ5E01

CHJ5O01
Onset
/ /

CHJ5I01

FOR REVIEW ONLY

Definitions and questions

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

ADMINISTERED IN PP

0 = No

2 = Yes

ORAL

0 = No

2 = Yes

SMOKED

0 = No

2 = Yes

INHALED

0 = No

2 = Yes

EVER: INJECTED

0 = No

2 = Yes

INJECTED IN LAST 3 MONTHS

0 = No

2 = Yes

EVER: SHARED NEEDLES

0 = No

2 = Yes

Codes

CHJ6X01
Intensity

CHJ6I01

CHJ6I02

CHJ6I03

Ever:CHJ6E01
Intensity

CHJ6I04

Ever:CHJ6E02

FOR REVIEW ONLY

Definitions and questions

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 = Opiods/Oxycodone

7 = Hallucinogens/PCP/Psylocybin

8 = Sedatives

9 = With more than one of the above groups

Codes

CHJ6X06
Intensity

CHJ6I05

CHJ6I06

FOR REVIEW ONLY

Definitions and questions

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

ATAXIA

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

Codes

Ever:CHJ7E01
Intensity

Ever:CHJ7O01
Onset
/ /

CHJ7I01
Intensity

CHJ7F01
Frequency

CHJ7X01

CHJ7X02

CHJ7X03

CHJ7X04

CHJ7X05

CHJ7X06

CHJ7X07

CHJ7X09

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

2 = Yes

AUDITORY, TACTILE, OR VISUAL HALLUCINATIONS CHJ7X10

0 = No

2 = Yes

DELUSIONS CHJ7X11

0 = No

2 = Yes

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).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

EVER: DESIRE TO CUT DOWN

0 = No desire to cut down

2 = Wishes to cut down

Ever:CHJ8E01
Intensity

Ever:CHJ8O01
Onset
/ /

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?

EVER: ADVISED TO CUT DOWN

0 = Never advised by parents or others to cut down

2 = Advised to cut down

Ever:CHJ9E01
Intensity

Ever:CHJ9O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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

Codes

Ever:CHK0E01
Intensity

Ever:CHK0V01
Frequency

Ever:CHK0D01
Duration

Ever:CHK0O01
Onset
/ /

CHK1I01
Intensity

CHK1D01
Duration

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

HALLUCINOGEN MOOD DISORDER

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

DAYS

Codes

CHK2I01
Intensity
[ ]

CHK2D01
Duration
[ ]

CHK2F01
Frequency
[ ]

CHK2O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

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.

DAYS

CHK3I01 Intensity

CHK3D01 Duration

CHK3F01 Frequency

CHK3O01 Onset

/ /

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?

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.

CHK4I01 Intensity

IF SEDATIVE USE ABSENT, SKIP TO "MALADAPTIVE SCREEN", (PAGE 113).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

EVER: USED WEEKLY

0 = No

2 = Yes

Ever:CHK5E01
Intensity

Ever:CHK5O01
Onset
/ /

USED WEEKLY IN LAST 3 MONTHS

0 = No

2 = Yes

CHK5I01
Intensity

EVER: USED DAILY

0 = No

2 = Yes

Ever:CHK6E01

CHK6O01
Onset
/ /

USED DAILY IN LAST 3 MONTHS

0 = No

2 = Yes

CHK6I01

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

ADMINISTERED SEDATIVE IN PP

0 = No

2 = Yes

ORAL

0 = No

2 = Yes

EVER: INJECTED

0 = No

2 = Yes

INJECTED IN LAST 3 MONTHS

0 = No

2 = Yes

EVER: SHARED NEEDLES

0 = No

2 = Yes, with attempt at hygienic precautions

3 = Yes, without attempt at hygienic precautions

Codes

CHK7X01
Intensity

CHK7I01

Ever:CHK7E01
Intensity

CHK7I02

Ever:CHK7E02

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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

Codes

CHK8X01
Intensity

CHK8I01

CHK8I02

FOR REVIEW ONLY

Definitions and questions

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

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

Codes

Ever:CHK9E01
Intensity

Ever:CHK9O01
Onset
/ /

CHK9I01
Intensity

CHK9F01
Frequency

CHK9X01

CHK9X02

CHK9X03

CHK9X04

CHK9X05

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
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 IF SUBJECT HAS USED SEDATIVE FOR ANY 5 DAY PERIOD...OTHERWISE,, SKIP TO "SUBJECTIVE NEED FOR "SUBSTANCE"", (PAGE 114).**		

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

EVER: DESIRE TO CUT DOWN

0 = No desire to cut down

2 = Wishes to cut down

Ever:CHL0E01
Intensity

Ever:CHL0O01
Onset
/ /

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?

EVER: ADVISED TO CUT DOWN

0 = Never advised by parents or others to cut down

2 = Advised to cut down

Ever:CHL1E01
Intensity

Ever:CHL1O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding 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.

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

Codes

Ever:CHL2E01
Intensity

Ever:CHL2V01
Frequency

Ever:CHL2D01
Duration

Ever:CHL2O01
Onset
/ /

CHL3I01
Intensity

CHL3D01
Duration

FOR REVIEW ONLY

Definitions and questions

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 experience 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?

Coding rules

WITHDRAWAL SYMPTOMS PRESENT

0 = No

2 = Yes

SEDATIVE WITHDRAWAL IN PP

0 = No

2 = Yes

NAUSEA/VOMITING

0 = No

2 = Yes

MALAISE/WEAKNESS

0 = No

2 = Yes

AUTONOMIC HYPERACTIVITY

2 = Code number of symptoms: Palpitations, rapid breathing, stomach churning, sweating/chills, diarrhea, flushing, lump in throat

ANXIETY/IRRITABILITY

2 = Sometimes Uncontrollable

3 = Nearly always uncontrollable

ORTHOSTATIC HYPOTENSION

0 = Absent, or fewer than 3 episodes

2 = 3 or more episodes

TREMOR

0 = No

2 = Yes

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.

SEIZURES

0 = No

2 = Yes

AUDITORY, TACTILE, OR VISUAL ILLUSIONS

0 = No

Codes

bbb0I01
Intensity

CHL4X12

CHL4X01

CHL4X02

CHL4X03

CHL4X04

CHL4X05

CHL4X06

CHL4X07

CHL4X08

CHL4X10

FOR REVIEW ONLY

Definitions and questions

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

Codes

CHL4X11 ☐

CHL4X09 ☐

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 DURING THE LAST 3 MONTHS, 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.**).**

POSITIVE MALADAPTIVE SCREEN

0 = Absent

2 = Present

JJJ6I06
Intensity
_____

FOR REVIEW ONLY

Definitions and questions

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?
How often in the last 3 months?
When do 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"?

Coding rules

SUBJECTIVE NEED FOR "SUBSTANCE"

0 = Absent

2 = At least some days feels uncontrollable need for substance, intrusive into at least 2 activities, unless satisfied

3 = Most days feels uncontrollable need for substance, intrusive into at least 2 activities, unless satisfied

SUBSTANCE LIST

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

CIA0I01
Intensity

CIA0F01
Frequency

CIA0O01
Onset
/ /

CIA0I02

CIA0I03

CIA0I04

CIA0I05

CIA0I06

CIA0I07

CIA0I08

CIA0I09

FOR REVIEW ONLY

Definitions and questions

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)

SUBSTANCE LIST

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

CIA1I01
Intensity

CIA1F01
Frequency

CIA1O01
Onset
/ /

CIA1I02

CIA1I03

CIA1I04

CIA1I05

CIA1I06

CIA1I07

CIA1I08

CIA1I09

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

TIME SPENT

0 = < 1 hour per day

2 = 1-3 hours per day

3 = > 3 hours per day

CIA2I01 Intensity

SUBSTANCE LIST

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

CIA2I02

CIA2I03

CIA2I04

CIA2I05

CIA2I06

CIA2I07

CIA2I08

CIA2I09

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?

COST

0 = No

2 = Yes

CIA2X02 Intensity

COST PER WEEK FOR ALL SUBSTANCES COMBINED

CIA2X01

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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

Codes

CIA3I01
Intensity

CIA3O01
Onset
/ /

CIA3I02

CIA3I03

CIA3I04

CIA3I05

CIA3I06

CIA3I07

CIA3I08

CIA3I09

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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

Codes

CIA4I01
Intensity

CIA4F01
Frequency

CIA4O01
Onset
/ /

CIA4I02

CIA4I03

CIA4I04

CIA4I05

CIA4I06

CIA4I07

CIA4I08

CIA4I09

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

UNCONTROLLABLE SUBSTANCE USE

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.

SUBSTANCE LIST

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

CIA5I01
Intensity

CIA5F01
Frequency

CIA5O01
Onset
/ /

CIA5I02

CIA5I03

CIA5I04

CIA5I05

CIA5I06

CIA5I07

CIA5I08

CIA5I09

FOR REVIEW ONLY

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?

Coding rules

NARROWED "SUBSTANCE" USE REPERTOIRE

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

Codes

CIA6I01
Intensity

CIA6O01
Onset
/ /

CIA6I02

CIA6I03

CIA6I04

CIA6I05

CIA6I06

CIA6I07

CIA6I08

CIA6I09

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

MORNING SUBSTANCE USE

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

Codes

CIA7I01
Intensity

CIA7F01
Frequency

CIA7O01
Onset
/ /

CIA7I02

CIA7I03

CIA7I04

CIA7I05

CIA7I06

CIA7I07

CIA7I08

CIA7I09

FOR REVIEW ONLY

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 infuence of "substance" during last 3 months.

3 = Has been atypically physically aggressive when under the influence of "substance" during 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

Codes

CIA8I01 Intensity

CIA8F01 Frequency

CIA8O01 Onset

/ /

CIA8I02

CIA8I03

CIA8I04

CIA8I05

CIA8I06

CIA8I07

CIA8I08

CIA8I09

FOR REVIEW ONLY

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 assualted 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

Codes

CIA9I01 Intensity

CIA9F01 Frequency

CIA9O01 Onset
/ /

CIA9I02

CIA9I03

CIA9I04

CIA9I05

CIA9I06

CIA9I07

CIA9I08

CIA9I09

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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

Codes

CIB0I01
Intensity

CIB0F01
Frequency

CIB0O01
Onset
/ /

CIB0I02

CIB0I03

CIB0I04

CIB0I05

CIB0I06

CIB0I07

CIB0I08

CIB0I09

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

SOCIAL PROBLEMS IN FAMILY

0 = Absent

2 = Partial incapacity

3 = Complete incapacity

SUBSTANCE LIST

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

CIB1I01
Intensity

CIB1O01
Onset
/ /

CIB1I02

CIB1I03

CIB1I04

CIB1I05

CIB1I06

CIB1I07

CIB1I08

CIB1I09

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

CIB2I01
Intensity

CIB2O01
Onset
/ /

CIB2I02

CIB2I03

CIB2I04

CIB2I05

CIB2I06

CIB2I07

CIB2I08

CIB2I09

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

REDUCED ACTIVITIES

0 = Absent

2 = Partial incapacity

3 = Complete incapacity

SUBSTANCE LIST

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

CIB3I01
Intensity

CIB3O01
Onset
/ /

CIB3I02

CIB3I03

CIB3I04

CIB3I05

CIB3I06

CIB3I07

CIB3I08

CIB3I09

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.

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?
Have you ever been to school/college/university or work when you were "high (drunk)"?

What happened?
Have you gotten into any trouble there because "substance" was involved?

What happened?
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

SCHOOL/WORK AFFECTED

0 = Absent

2 = Partial incapacity

3 = Complete incapacity

MISSED SCHOOL

MISSED WORK

SUBSTANCE LIST

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

CIB4I01
Intensity

CIB4O01
Onset
/ /

CIB4F01

CIB4F02

CIB4I02

CIB4I03

CIB4I04

CIB4I05

CIB4I06

CIB4I07

CIB4I08

CIB4I09

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

DANGEROUS ACTIVITIES

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

Codes

CIB5I01
Intensity

CIB5F01
Frequency

CIB5O01
Onset
/ /

CIB5I02

CIB5I03

CIB5I04

CIB5I05

CIB5I06

CIB5I07

CIB5I08

CIB5I09

FOR REVIEW ONLY

Definitions and questions

"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"?

Coding rules

"SUBSTANCE" RELATED CRIME

0 = No

2 = Yes

DEALING

0 = No

2 = Yes

PROSTITUTION

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

Codes

CIB6I01
Intensity

CIB6O01
Onset
/ /

CIB6I02

CIB6I03

CIB6I04

CIB6I05

CIB6I06

CIB6I07

CIB6I08

CIB6I09

CIB6I10

CIB6I11

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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

Codes

ywn8000
Intensity

ywn8001
Onset
/ /

ywn8002

ywn8003

ywn8004

ywn8005

ywn8006

ywn8007

ywn8008

ywn8009

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

TROUBLE WITH LAW

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

Codes

CIB7I01
Intensity

CIB7O01
Onset
/ /

CIB7I02

CIB7I03

CIB7I04

CIB7I05

CIB7I06

CIB7I07

CIB7I08

CIB7I09

FOR REVIEW ONLY

Definitions and questions

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 you mood go way up and down?
What about in the last 3 months?
When did that start?

Coding rules

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

Codes

CIB8I01
Intensity

CIB8O01
Onset
/ /

CIB8I02

CIB8I03

CIB8I04

CIB8I05

CIB8I06

CIB8I07

CIB8I08

CIB8I09

FOR REVIEW ONLY

Definitions and questions

PHYSICAL PROBLEMS

Include any physcial 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

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

CIB9I01
Intensity

CIB9O01
Onset
/ /

CIB9I02

CIB9I03

CIB9I04

CIB9I05

CIB9I06

CIB9I07

CIB9I08

CIB9I09

FOR REVIEW ONLY

Definitions and questions

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

HOURS : MINUTES

SUBSTANCE LIST

1 = Alcohol

2 = Cannabis

3 = Cocaine/Crack

4 = Amphet./Ice/Meth

5 = Inhalants

6 = Heroin/Opioids/X/Oxy

7 = Hallucinogens

8 = Sedatives

Codes

Ever:CIC0E01
Intensity

CIC0I01
Intensity

CIC0F01
Frequency

CIC0D01
Duration

CIC0O01
Onset
/ /

CIC0I02

CIC0I03

CIC0I04

CIC0I05

CIC0I06

CIC0I07

CIC0I08

CIC0I09

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

UNCONSCIOUSNES

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

Codes

CIC1I01
Intensity

CIC1F01
Frequency

CIC1O01
Onset
/ /

CIC1I02

CIC1I03

CIC1I04

CIC1I05

CIC1I06

CIC1I07

CIC1I08

CIC1I09

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 AVIODANCE, 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 POSTIIVE, 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.

PREVIEW ONLY

Definitions and questions

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?

Coding rules

NEW CHILD(REN) LIVING IN HOME

0 = Absent

2 = Present

NEW CHILD #1 IN HOME

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

NEW CHILD #2 IN HOME

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

NEW CHILD #3 IN HOME

1 = Sibling #1

2 = Sibling #2

3 = Sibling #3

4 = Sibling #4

5 = Sibling #5

6 = Sibling #6

Codes

CKA0I90 Intensity

CKA0I01

CKA0O01 / /

CKA0I02

CKA0O02 / /

CKA0I03

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

7 = Sibling #7

8 = Sibling #8

9 = Sibling #9

ONSET OF CHILD #3

CKA0O03

/ /

IF "NEW CHILD(REN) LIVING IN HOME" NOT PRESENT, SKIP TO "PARENTAL SEPARATION", (PAGE 6).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

ATTRIBUTION

0 = Absent

2 = Present

CKA0I99
Intensity

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = School non-attendance. CKA0X01

2 = Separation anxiety. CKA0X02

3 = Worries/anxiety.

4 = Obsessions/compulsions. CKA0X03

5 = Depression

6 = Mania

7 = Physical symptoms. CKA0X04

8 = Food-related behavior.

9 = Hyperactivity/ADD CKA0X05

10 = Conduct disorder.

11 = Alcohol/drugs CKA0X06

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

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?

PAINFUL RECALL SCREEN

0 = Absent

2 = Present

CKA1I01
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF PAINFUL RECALL PRESENT, COMPLETE AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "PARENTAL SEPARATION", (PAGE 6).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKA1I02 Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKA1I03 Intensity

PARENTAL SEPARATION

Parental figures have separated durning 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?

PARENTAL SEPARATION

0 = Absent

2 = Present

CKA2I01 Intensity

CKA2O01 Onset

/ /

PARENT WHO HAS MOVED OUT

0 = Male parental figure

2 = Female parental figure

CKA2I02

IF PARENTAL SEPARATION PRESENT, COMPLETE. OTHERWISE, SKIP TO "EVER: PARENTAL DIVORCE", (PAGE 9).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

ATTRIBUTION

0 = Absent

2 = Present

CKA1I99 Intensity

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

CKA2X01

CKA2X02

CKA2X03

PARENTAL SEPARATION - PAINFUL RECALL

In the last 3 months have thoughts or pictures of "life event" come into your mind?

Even when you didnt want them to?

What was that like?
Have you had any nightmares about the event?

PAINFUL RECALL SCREEN

0 = Absent

2 = Present

CKA3I01 Intensity

IF PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "EVER: PARENTAL DIVORCE", (PAGE 9).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

PARENTAL SEPARATION - AVOIDANCE

Do certain things/thoughts remind you of "life event"?

What things?
Do you try to aviod these things/thoughts?

AVIODANCE SCREEN

0 = Absent

2 = Present

CKA3I02 Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKA3I03 Intensity

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?

EVER: PARENTAL DIVORCE

0 = Absent

2 = Present

Ever:CKA4E01 Intensity

EVER: PARENTAL DIVORCE #1

Ever:CKH8O01 / /

EVER: PARENTAL DIVORCE #2

Ever:CKH8O02 / /

EVER: PARENTAL DIVORCE #3

Ever:CKH8O03 / /

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?

0 = Absent

2 = Divorce finalized in last three months.

CKA4I01 Intensity

ONSET: DIVORCE IN LAST THREE MONTHS

CKA4O01 / /

IF "PARENTAL DIVORCE" NOT PRESENT, SKIP TO "NEW PARENTAL FIGURE", (PAGE 12).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 — CKA2I99 Intensity

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH: — CKA4X01

1 = School non-attendance.

2 = Separation anxiety. — CKA4X02

3 = Worries/anxiety.

4 = Obsessions/compulsions. — CKA4X03

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?

PAINFUL RECALL SCREEN — CKA5I01 Intensity

0 = Absent

2 = Present

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF PARENTAL DIVORCE PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "NEW PARENTAL FIGURE", (PAGE 12).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

PARENTAL DIVORCE-AVOIDANCE

Do certain things remind you of "life event"?

What things?
Do you try to avoid these things/thoughts?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKA5I02
Intensity

PARENTAL DIVORCE-HYPERAROUSAL

Since "life event", have you been more jumpy or irritable?

Have youe had any trouble sleeping?

Have you been "on the alert" for bad things happening?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKA5I03
Intensity

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 establisment of apparently permanent relationship.

Did a new "parent" move into your home in the last 3 months?

Is s/he there to stay?

NEW PARENTAL FIGURE

0 = Absent

2 = Present

CKA6I01
Intensity

CKA6O01
Onset
/ /

IF NEW PARENTAL FIGURE PRESENT, COMPLETE ATTRIBUTION AND PAINFUL RECALL. OTHERWISE, SKIP TO "PLACES LIVED IN LAST 5 YEARS", (PAGE 15).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

ATTRIBUTION

0 = Absent

2 = Present

CKA3IXX 00
Intensity

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

CKA6X01

CKA6X02

CKA6X03

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?

PAINFUL RECALL SCREEN

0 = Absent

2 = Present

CKA7I01
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF NEW PARENTAL FIGURE PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "PLACES LIVED IN LAST 5 YEARS", (PAGE 15).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

NEW PARENTAL FIGURE - AVOIDANCE

Do certain things/thoughs remind you of "life event"?

What things?
Do you try to aviod these things/thoughts?

AVIODANCE SCREEN

0 = Absent

2 = Present

CKA7I02 Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKA7I03 Intensity

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

0 = Absent

2 = Present

CKA9E01 Intensity

PLACES LIVED IN LAST 5 YEARS- CODE NUMBER OF PLACES LIVED IN LAST 5 YEARS

CKA9F01

DATE OF LAST MOVE IN LAST FIVE YEARS

CKA9O01

/ /

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?

MOVING HOUSE

0 = Absent

2 = Present, without change of family structure.

3 = Present, with change of family structure.

CKA8I01 Intensity

CKA8O01 Onset

/ /

IF MOVING NOT PRESENT, SKIP TO "CHANGE OF SCHOOL", (PAGE 19).

FOR REVIEW ONLY

Definitions and questions

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FOR REVIEW ONLY

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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 CKA8ABC 00 Intensity

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH: CKA8X01

1 = School non-attendance.

2 = Separation anxiety. CKA8X02

3 = Worries/anxiety.

4 = Obsessions/compulsions. CKA8X03

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 the event?

PAINFUL RECALL SCREEN CKB0I01 Intensity

0 = Absent

2 = Present

IF "MOVING HOUSE" PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "CHANGE OF SCHOOL", (PAGE 19).

FOR REVIEW ONLY

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FOR REVIEW ONLY

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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?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKB0I02
Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKB0I03
Intensity

CHANGE OF SCHOOL

Subject changed schools. Change may be routine because subject was promoted (e.g. elementary to middle school, or iddle school to high scool) 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 nayone at the new school?

CHANGE OF SCHOOL

0 = No

1 = Routine change with other schoolmates including friends

2 = Routine change but not friends from former school at new school

3 = Non-routine change

CKB1I01
Intensity

CKB1O01
Onset
/ /

IF CHANGE OF SCHOOL NOT PRESENT, SKIP TO "LOSS OF BEST FRIEND THROUGH MOVING", (PAGE 22).

FOR REVIEW ONLY

Definitions and questions

Coding rules

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CHANGE OF SCHOOLS - ATTRIBUTION

In the las 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

CKB1I99 Intensity

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

CKB1X01

CKB1X02

CKB1X03

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?

PAINFUL RECALL SCREEN

0 = Absent

2 = Present

CKB2I01 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF CHANGE OF SCHOOLS PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "LOSS OF BEST FRIEND THROUGH MOVING", (PAGE 22).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

CHANGE OF SCHOOLS-AVOIDANCE

Do certain things/thoughts remind you of "life event"?

What things?
Do you try to avoid these things/thoughts?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKB2I02 Intensity

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.

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKB2I03 Intensity

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?

LOSS OF BEST FRIEND THROUGH MOVING

0 = Absent

2 = Present

CKB3I01 Intensity

CKB3O01 Onset

/ /

IF LOSS OF BEST FRIEND THROUGH MOVING NOT PRESENT, SKIP TO "BREAKUP WITH BEST FRIEND", (PAGE 25).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

ATTRIBUTION

CKB2ABC 00
Intensity

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

CKB3X01

1 = School non-attendance.

CKB3X02

2 = Separation anxiety.

3 = Worries/anxiety.

CKB3X03

4 = Obsessions/compulsions.

5 = Depression

CKB3X04

6 = Mania

7 = Physical symptoms.

8 = Food-related behavior.

CKB3X05

9 = Hyperactivity/ADD

10 = Conduct disorder.

CKB3X06

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

LOSS OF BEST FRIEND THROUGH MOVE- 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

CKB4I01
Intensity

0 = Absent

2 = Present

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF LOSS OF BEST FRIEND THROUGH MOVING PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "BREAKUP WITH BEST FRIEND", (PAGE 25).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKB4I02 Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKB4I03 Intensity

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?

BREAKUP WITH BEST FRIEND

0 = Absent

2 = Present

CKB5I01 Intensity

CKB5O01 Onset

/ /

IF BREAKUP WITH BEST FRIEND PRESENT CONTINUE, OTHERWISE, SKIP TO "BREAKUP WITH BOY/GIRLFRIEND", (PAGE 28).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

BREAKUP WITH BEST FRIEND-ATTRIBUTION

Loss of a best friend throught 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?

ATTRIBUTION

0 = Absent

2 = Present

CKB5ABC 00
Intensity

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

CKB5X01

CKB5X02

CKB5X03

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?

PAINFUL RECALL SCREEN

0 = Absent

2 = Present

CKB6I01
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF BREAKUP WITH BEST FRIEND PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "BREAKUP WITH BOY/GIRLFRIEND", (PAGE 28).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

BREAKUP WITH BEST FRIEND-AVOIDANCE

Do certain things remind you of "life event"?

What things?
Do you try to avoid these things/thoughts?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKB6I05
Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKB6I0600
Intensity

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.

IF MORE THAN ONE BREAKUP IN THE LAST 3 MONTHS, CODE THE ONE MOST IMPORTANT TO THE SUBJECT.

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?

BREAKUP WITH BOY/GIRLFRIEND

0 = No

2 = Yes

CKB7I01
Intensity

CKB7O01
Onset
/ /

IF BREAKUP PRESENT, COMPLETE ATTRIBUTION AND PAINFUL RECALL. OTHERWISE, SKIP TO "LIVES/ATTENDS SCHOOL/WORKS IN CHRONICALLY UNSAFE ENVIRONMENT", (PAGE 31).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

ATTRIBUTION

CKB7ABC 00
Intensity

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

CKB7X01

1 = School non-attendance.

2 = Separation anxiety.

CKB7X02

3 = Worries/anxiety.

4 = Obsessions/compulsions.

CKB7X03

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

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?

PAINFUL RECALL SCREEN

CKB8I01
Intensity

0 = Absent

2 = Present

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

BREAKUP WITH BOY/GIRLFRIEND - AVOIDANCE

Do certain things/thoughts remind you of "life event"?

What things?
Do you try to avoid these thing/thoughts?

ATTRIBUTION

0 = Absent

2 = Present

CKB8I02 Intensity

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?

ATTRIBUTION

0 = Absent

2 = Present

CKB8I03 Intensity

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?

LIVES, ATTENDS SCHOOL/COLLEGE/UNIVERSITY, OR WORKS IN CHRONICALLY UNSAFE ENVIRONMENT

0 = Absent

2 = Present

CKB9I01 Intensity

CKB9O01 Onset

/ /

MONTHS

CKB9D01 Duration

IF "LIVES/ATTENDS SCHOOL/WORKS IN CHRONICALLY UNSAFE ENVIRONMENT" NOT PRESENT, SKIP TO "PARENTAL ARREST", (PAGE 34).

FOR REVIEW ONLY

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

ATTRIBUTION

0 = Absent

2 = Present

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

Codes

CKB9I99 Intensity

CKB9X01

CKB9X02

CKB9X03

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 doesn'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).

PAINFUL RECALL SCREEN

0 = Absent

2 = Present

CKC0I01
Intensity
[ ]

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKC0I02
Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKC0I03
Intensity

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?

PARENTAL ARREST

0 = No

2 = Yes

CKC1I01
Intensity

CKC1O01
Onset
/ /

IF PARENTAL ARREST PRESENT, COMPLETE ATTRIBUTION AND PAINFUL RECALL. OTHERWISE, SKIP TO "REDUCTION IN STANDARD OF LIVING", (PAGE 37).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

ATTRIBUTION

0 = Absent

2 = Present

CKC1I99
Intensity

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

CKC1X01

CKC1X02

CKC1X03

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?

PAINFUL RECALL SCREEN

0 = Absent

2 = Present

CKC2I01
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF PARENTAL ARREST PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "REDUCTION IN STANDARD OF LIVING", (PAGE 37).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

PARENTAL ARREST -AVOIDANCE

Do certain things/thoughts remind you of "life event"?

What things?

Do you try to aviod these things/thoughts?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKC2I02 Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKC2I03 Intensity

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?

REDUCTION IN STANDARD OF LIVING

0 = Absent

2 = Present, without change of family structure.

3 = Present, with change of family structure.

CKC3I01 Intensity

DATE OF CHANGE IN FINANCIAL STATUS

CKC3O01

/ /

IF "REDUCTION IN STANDARD OF LIVING" NOT PRESENT, SKIP TO "FORCED SEPARATION FROM HOME", (PAGE 40).

FOR REVIEW ONLY

Definitions and questions

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?

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

Codes

CKC3I99
Intensity

CKC3X01

CKC3X02

CKC3X03

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?

PAINFUL RECALL SCREEN

0 = Absent

2 = Present

CKC4I01
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF REDUCTION IN STANDARD OF LIVING PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "FORCED SEPARATION FROM HOME", (PAGE 40).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

REDUCTION IN STANDARD OF LIVING-AVOIDANCE

Do certain things remind you of "life event"?

What things?
Do you try to avoid these things/thoughts?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKC4I02 Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKC4I03 Intensity

FORCED SEPARATION FROM HOME

Subject has to be away from home for at least one week at a time, against his/her weill. Include visits to grandparents, other relatives, friends, if necessitated by aduly needs (e.g. mother in hispital) 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

FORCED SEPARATION FROM HOME

0 = No

2 = Yes

CKC5I01 Intensity

CKC5O01 Onset

/ /

NUMBER OF SEPARATIONS

CKC5F01

DAYS

CKC5D01 Duration

IF FORCED SEPARATION FROM HOME PRESENT, COMPLETE OTHERWISE, SKIP TO "DIAGNOSIS OF PHYSICAL ILLNESS", (PAGE 44).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

ATTRIBUTION CKC5XYZ 00
Intensity

0 = Absent

2 = Present

ATTRIBUTION CKC5X01

1 = School non-attendance.

2 = Separation anxiety. CKC5X02

3 = Worries/anxiety.

4 = Obsessions/compulsions. CKC5X03

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

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?

PAINFUL RECALL SCREEN CKC6I01
Intensity

0 = Absent

2 = Present

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF "FORCED SEPARATION FROM HOME" PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "DIAGNOSIS OF PHYSICAL ILLNESS", (PAGE 44).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

FORCED SEPARATION FROM HOME-AVOIDANCE

Do certain things remind you of "life event"?

What things?
Do you try to avoid these things/thoughts?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKC6I02
Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKC6I03
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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).

DIAGNOSIS OF PHYSICAL ILLNESS

0 = Absent

2 = Present

Specify

Ever:CKC7E01
Intensity

Ever:CKC7O01
Onset
/ /

DIAGNOSIS OF PHYSICAL ILLNESS

0 = Absent

2 = Diagnosis of illness, or recurrence of illness in remission, in last 3 months.

CKC7I01
Intensity

CKC7O02
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

ATTRIBUTION

0 = Absent

2 = Present

CKC7I99
Intensity

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

CKC7X01

CKC7X02

CKC7X03

DIAGNOSIS OF PHYSICAL ILLNESS-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 has any nightmares about the event?

PAINFUL RECALL SCREEN

0 = Absent

2 = Present

CKC8I01
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF DIAGNOSIS OF PHYSICAL ILLNESS PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "ACCIDENT", (PAGE 47).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

DIAGNOSIS OF PHYSICAL ILLNESS-AVOIDANCE

Do certain things remind you of "life event"?

What things?
Do you try to avoid these things/thoughts?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKC8I02 Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKC8I03 Intensity

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?

ACCIDENT

0 = Absent

2 = Present

Ever:CKC9E01 Intensity

Ever:CKC9V01 Frequency

Ever:CKC9O01 Onset

/ /

SERIOUS ACCIDENT: PRIMARY PERIOD

0 = Absent

2 = Present

CKC9I01 Intensity

CKC9O02 Onset

/ /

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).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

ATTRIBUTION

0 = Absent

2 = Present

CKC2I99 Intensity

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

CKC9X01

CKC9X02

CKC9X03

CKC9X04

CKC9X05

CKC9X06

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?

PAINFUL RECALL SCREEN

0 = Absent

2 = Present

CKD0I01 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF ACCIDENT PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "PREGNANCY (GIRLS) - FIRST PREGNANCY", (PAGE 52).

FOR REVIEW ONLY

Definitions and questions

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).

Coding rules

AVOIDANCE SCREEN

0 = Absent

2 = Present

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

Codes

CKD0I02
Intensity

CKD0I03
Intensity

FOR REVIEW ONLY

Definitions and questions

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).

Coding rules

PREGNANCY

0 = No

2 = Yes

DATE OF AWARENESS - (GIRLS) FIRST PREGNANCY

INTENTIONALITY

1 = Planned pregnancy

2 = Pregnancy unplanned, wanted

3 = Pregnancy unplanned, unwanted

Codes

Ever:CKD1E11
Intensity

Ever:CKD1O11
Onset
/ /

Ever:CKD1O12
/ /

Ever:CKD1X11

FOR REVIEW ONLY

Definitions and questions

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 decsion was made?

DATE OF TERMINATION.

Coding rules

PREMATURE TERMINATION OF PREGNANCY

0 = No

2 = Miscarriage

3 = Abortion

WEEK OF PREGNANCY WHEN TERMINATED

INVOLVEMENT 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.

Codes

Ever:CKD2E11 Intensity

Ever:CKD2O11 Onset

/ /

Ever:CKD2X11

Ever:CKD2X12

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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.

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

Ever:CKD3E11
Intensity

DATE OF BIRTH OF CHILD

Ever:CKD3011
/ /

DATE OF PLACEMENT - (GIRLS) - FIRST PREGNANCY

Ever:CKD4O11
/ /

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.

Ever:CKD4I11

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?

PREGNANCY

0 = No

2 = Yes

Ever:CKD1E21
Intensity

Ever:CKD1O21
Onset
/ /

DATE OF AWARENESS - (GIRLS) - SECOND PREGNANCY

Ever:CKD1O22
/ /

INTENTIONALITY

1 = Planned pregnancy

2 = Pregnancy unplanned, wanted

3 = Pregnancy unplanned, unwanted

Ever:CKD1X21

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF PREGNANT A SECOND TIME, COMPLETE. OTHERWISE, SKIP TO "PREGNANCY (GIRLS) - ATTRIBUTION", (PAGE 62).

FOR REVIEW ONLY

Definitions and questions

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

0 = No

2 = Miscarriage

3 = Abortion

INVOLVEMENT 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.

Codes

Ever:CKD2E21 Intensity

Ever:CKD2O21 Onset

/ /

Ever:CKD2X21 Frequency

Ever:CKD2X22

FOR REVIEW ONLY

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

DATE OF PLACEMENT - (GIRLS) SECOND 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.

Codes

Ever:CKD3E21
Intensity
[ ]

Ever:CKD3O21
Onset
[/ /]

Ever:CKD4O21
[/ /]

Ever:CKD4I21
[ ]

FOR REVIEW ONLY

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

FOR REVIEW ONLY

Definitions and questions

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

PREMATURE TERMINATION OF PREFGNANCY

0 = No

2 = Miscarriage

3 = Abortion

INVOLVEMENT 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.

Codes

Ever:CKD2E31
Intensity
[ ]

Ever:CKD2O31
Onset
[/ /]

Ever:CKD2X31
Frequency
[ ]

Ever:CKD2X32
[ ]

FOR REVIEW ONLY

Definitions and questions

CHILDBIRTH (GIRLS) THIRD PREGNANCY

Pregnancy ends in childbrith, or is expected to end in childbirth.

Did you have the baby?

When was that?
What happened wtih the child?

IF MORE THAN ONE PREGNANCY ASK. OTHERWISE, SKIP TO "PREGNANCY (GIRLS) - ATTRIBUTION", (PAGE 62).

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 - (GIRLS) - THIRD 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.

Codes

Ever:CKD3E31
Intensity

Ever:CKD3O31
Onset
/ /

Ever:CKD4O31
/ /

Ever:CKD4I31

FOR REVIEW ONLY

Definitions and questions

MOST UPSETTING PREGNANCY

What part of the pregnancy was the most upsetting for you?

IF SUBJECT EVER PREGNANT, COMPLETE ATTRUBUTION AND PAINFUL RECALL ON THE PART OF THE PREGNANCY THAT WAS THE MOST UPSETTING TO THE SUBJECT

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

Ever:CKD5I01
Intensity

Ever:CKD5O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

PREGNANCY (GIRLS) - ATTRIBUTION

0 = No

2 = Yes

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

Codes

IIOT506 Intensity

CKD5X01

CKD5X02

CKD5X03

CKD5X04

CKD5X05

CKD5X06

CKD5X07

CKD5X08

CKD5X09

CKD5X10

CKD5X11

CKD5X12

CKD5X13

CKD5X14

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

CKD5X15

CKD5X16

CKD5X17

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 nightmareas about the event?

IF PREGNANCY PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "DEATH OF LOVED ONE", (PAGE 78).

PAINFUL RECALL SCREEN

0 = Absent

2 = Present

CKD6I01
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

PREGNANCY (GIRLS) - AVOIDANCE

Do certain things/thoughts remind you of "life event"?

What things?
Do ypi try to avoid these things/thoughts?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKD6I02 Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKD6I03 Intensity

IF SUBJECT IS MALE COMPLETE. OTHERWISE,, SKIP TO "DEATH OF LOVED ONE", (PAGE 78).

FOR REVIEW ONLY

Definitions and questions

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?

IF EVER PRESENT, COMPLETE SECTION ON UP TO THREE PREGNANCIES. OTHERWISE, SKIP TO "DEATH OF LOVED ONE", (PAGE 78).

Coding rules

MAKES SOMEONE PREGNANT

0 = No

2 = Yes

DATE OF AWARENESS - MAKES SOMEONE PREGNANT (BOYS)

INTENTIONALITY

1 = Planned pregnancy

2 = Pregnancy unplanned, wanted

3 = Pregnancy unplanned, unwanted

Codes

Ever:CKD7E11
Intensity

Ever:CKD7O11
Onset
/ /

Ever:CKD7O12
/ /

Ever:CKD7X11

FOR REVIEW ONLY

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

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.

Codes

Ever:CKD8E11
Intensity

Ever:CKD8O11
Onset
/ /

Ever:CKD8X11
Frequency

Ever:CKD8X12

FOR REVIEW ONLY

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?

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 - MAKES SOMEONE PREGNANT (BOYS)

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

Codes

Ever:CKD9E11
Intensity
[ ]

Ever:CKD9O11
Onset
[/ /]

Ever:CKE0O11
[/ /]

Ever:CKE0I11
[ ]

FOR REVIEW ONLY

Definitions and questions

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).

Coding rules

MAKES SOMEONE PREGNANT

0 = Absent

2 = Present

DATE OF AWARENESS - MAKES SOMEONE PREGNANT (BOYS) - SECOND PREGNANCY

INTENTIONALITY

0 = Planned Pregnancy

2 = Pregnancy unplanned, wanted

3 = Pregnancy unplanned, unwanted

Codes

Ever:CKD7E21
Intensity

Ever:CKD7O21
Onset
/ /

Ever:CKD7O22
/ /

Ever:CKD7X21

FOR REVIEW ONLY

Definitions and questions

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.

Codes

Ever:CKD8E21
Intensity

Ever:CKD8O21
Onset
/ /

Ever:CKD8X21
Frequency

Ever:CKD8X22

FOR REVIEW ONLY

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

DATE OF PLACEMENT

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

Codes

Ever:CKD9E21
Intensity

Ever:CKD9O21
Onset
/ /

Ever:CKE0O21
/ /

Ever:CKE0I21

FOR REVIEW ONLY

Definitions and questions

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).

Coding rules

EVER: MAKES SOMEONE PREGNANT

0 = Absent

2 = Present

DATE OF AWARENESS - THIRD PREGNANCY

INTENTIONALITY

0 = Planned Pregnancy

2 = Pregnancy unplanned, wanted

3 = Pregnancy unplanned, unwanted

Codes

Ever:CKD7E31
Intensity

Ever:CKD7O31
Onset
/ /

Ever:CKD7O32
/ /

Ever:CKD7X31

FOR REVIEW ONLY

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

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.

Codes

Ever:CKD8E31
Intensity

Ever:CKD8O31
Onset
/ /

Ever:CKD8X31
Frequency

Ever:CKD8X32

FOR REVIEW ONLY

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?

IF MORE THAN ONE PREGNANCY, ASK MOST UPSETTING PREGNANCY (BOYS), SKIP TO "MAKES SOMEONE PREGNANT (BOYS) - ATTRIBUTION", (PAGE 75).

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

Codes

Ever:CKD9E31
Intensity

Ever:CKD9O31
Onset
/ /

Ever:CKE0O31
/ /

Ever:CKE0I31

FOR REVIEW ONLY

Definitions and questions

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

Ever:CKE1I01
Intensity

Ever:CKE1O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | 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?

PRESENT 2

0 = Absent

2 = Present

abcx111
Intensity

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

CKE1X01

CKE1X02

CKE1X03

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?

PAINFUL RECALL SCREEN

0 = Absent

2 = Present

CKE2I01
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF MAKES SOMEONE PREGNANT PAINFULL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "DEATH OF LOVED ONE", (PAGE 78).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

MAKES SOMEONE PREGNANT (BOYS) - AVOIDANCE

Do certain things/thoughts remind you of "life event"?

What things?
In what way?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKE2I02
Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKE2I03
Intensity

FOR REVIEW ONLY

Definitions and questions

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, subjects own child, or pet.

IF MORE THEN 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?

Coding rules

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 OF LOVED ONE #2

Codes

Ever:CKE3E01
Intensity

Ever:CKE3O01
/ /

Ever:CKE3X01

Ever:CKE4E01

Ever:CKE4O01
/ /

FOR REVIEW ONLY

Definitions and questions

IF DEATH OF ADULT LOVED ONE NOT PRESENT, SKIP TO "DEATH OF SIBLING OR PEER", (PAGE 83).

Coding rules

CAUSE OF DEATH - 2

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

Codes

Ever:CKE4X01

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

ATTRIBUTION

0 = Absent

2 = Present

CKE3X09 Intensity

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

CKE3X02

CKE3X03

CKE3X04

CKE3X05

CKE3X06

CKE3X07

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?

PAINFUL RECALL SCREEN

0 = Absent

2 = Present

CKE5I01 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF DEATH OF LOVED ONE PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "DEATH OF SIBLING OR PEER", (PAGE 83).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

DEATH OF LOVED ONE-AVOIDANCE

Do certain things remind you of "life event"?

What things?
Do you try to avoid these things/thoughts?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKE5I02
Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKEI003
Intensity

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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

0 = Absent

1 = Biological Sibling

2 = Step/Adopted/Foster Sibling

3 = Close Friend

4 = Other Friend

5 = Acquaintance at school

6 = Other related child

ONSET: DEATH OF A SIBLING OR PEER #2

DEATH OF A SIBLING OR PEER #2: CAUSE OF DEATH

1 = Physical illness.

Codes

Ever:CKE6E01
Intensity

Ever:CKE6O01
/ /

Ever:CKE6X01

Ever:CKE7E01

Ever:CKE7O01
/ /

Ever:CKE7X01

FOR REVIEW ONLY

Definitions and questions

IF DEATH OF A SIBLLING PRESENT, COMPLETE ATTRIBUTION AND PAINFUL RECALL FOR THE MOST UPSETTING DEATH. OTHERWISE, SKIP TO "NATURAL DISASTER", (PAGE 88).

Coding rules

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

Codes

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

ATTRIBUTION

0 = Absent

2 = Present

CKE6I99 Intensity

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = School non-attendance. CKE6X02

2 = Separation anxiety. CKE6X03

3 = Worries/anxiety.

4 = Obsessions/compulsions. CKE6X04

5 = Depression

6 = Mania

7 = Physical symptoms. CKE6X05

8 = Food-related behavior.

9 = Hyperactivity/ADD CKE6X06

10 = Conduct disorder.

11 = Alcohol/drugs CKE6X07

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

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?

PAINFUL RECALL SCREEN

0 = Absent

2 = Present

CKE8I01 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF DEATH OF A SIBLING PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "NATURAL DISASTER", (PAGE 88).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKE8I02
Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKE8I03
Intensity

FOR REVIEW ONLY

Definitions and questions

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).

Coding rules

NATURAL DISASTER

0 = No

2 = Storm

3 = Tornado

4 = Hurricane

5 = Earthquake

6 = Flood

7 = More than one type.

NATURAL DISASTER

0 = No

2 = Storm

3 = Tornado

4 = Hurricane

5 = Earthquake

6 = Flood

7 = More than one type.

Codes

Ever:CKE9E01
Intensity

Ever:CKE9O01
Onset
/ /

Ever:CKE9V01
Frequency

CKE9I01
Intensity

CKE9O02
Onset
/ /

CKE9F01
Frequency

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

ATTRIBUTION

0 = Absent

2 = Present

CKE9I99 Intensity

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

CKE9X01

CKE9X02

CKE9X03

CKE9X04

CKE9X05

CKE9X06

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?

PAINFUL RECALL SCREEN

0 = Absent

2 = Present

CKF0I01 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF NATURAL DISASTER PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "FIRE", (PAGE 91).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

NATURAL DISASTER: AVOIDANCE

Do certain things remind you of "life event"?

What things?
Do you try to avoid these things/thoughts?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKF0I02
Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKF0I03
Intensity

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?

FIRE

0 = Absent

2 = Accidental fire.

3 = Intentionally set fire.

Ever:CKF1E01
Intensity

Ever:CKF1V01
Frequency

Ever:CKF1O01
Onset
/ /

FIRE

0 = Absent

2 = Accidental fire.

3 = Intentionally set fire.

CKF1I01
Intensity

CKF1O02
Onset
/ /

IF "FIRE" NOT PRESENT, SKIP TO "WAR OR TERRORISM", (PAGE 94).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

ATTRIBUTION

0 = Absent

2 = Present

CKF1I99 Intensity

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = School non-attendance. CKF1X01

2 = Separation anxiety. CKF1X02

3 = Worries/anxiety. CKF1X03

4 = Obsessions/compulsions. CKF1X04

5 = Depression CKF1X05

6 = Mania CKF1X06

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

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?

PAINFUL RECALL SCREEN

0 = Absent

2 = Present

CKF2I01 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF FIRE PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "WAR OR TERRORISM", (PAGE 94).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

FIRE: AVOIDANCE

Do certain things remind you of "life event"?

What things?
Do you try to avoid these things/thoughts?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKF2I02
Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKF2I03
Intensity

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?

WAR OR TERRORISM

0 = No

2 = Yes

Ever:CKF3E01
Intensity

Ever:CKF3O01
Onset
/ /

DAYS

Ever:CKF3D01
Duration

WAR OR TERRORISM

0 = No

2 = Yes

CKF3I01
Intensity

CKF3O02
Onset
/ /

DAYS

CKF3D02
Duration

IF WAR OR TERRORISM NOT PRESENT, SKIP TO "WITNESS TO EVENT THAT CAUSED, OR HAD POTENTIAL TO CAUSE, DEATH OR SEVERE INJURY", (PAGE 99).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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

CKF3I99 Intensity

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

CKF3X01

CKF3X02

CKF3X03

CKF3X04

CKF3X05

CKF3X06

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

CKF4I01 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

WAR OR TERRORISM: AVOIDANCE

Do certain things remind you of "life event"?

What things?
Do you try to avoid these things/thoughts?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKF4I02 Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKF4I03 Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

WITNESS TO EVENT

0 = Absent

2 = Present, to stranger.

3 = Present, to acquaintance.

4 = Present, to friend.

5 = Present, to family member.

Ever:CKF5E01
Intensity

Ever:CKF5O01
Onset

/ /

PERPETRATOR

0 = No perpetrator.

2 = Unknown perpetrator.

3 = Acquaintance

4 = Friend

5 = Family member.

Ever:CKF5X01

WITNESS TO EVENT

0 = Absent

2 = Present, to stranger.

3 = Present, to acquaintance.

4 = Present, to friend.

5 = Present, to family member.

CKF5I01
Intensity

CKF5O02
Onset

/ /

PERPETRATOR

0 = No perpetrator.

2 = Unknown perpetrator.

3 = Acquaintance

4 = Friend

5 = Family member.

CKF5X02

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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

0 = Absent

2 = Present

CKF5I99
Intensity

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

CKF5X04

CKF5X05

CKF5X06

CKF5X07

CKF5X08

CKF5X09

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

0 = Absent

2 = Present

CKF6I01
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

WITNESS TO EVENT-AVOIDANCE

Do certain things remind you of "life event"?

What happened?
Do you try to avoid these things/thoughts?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKF6I02 Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKF6I03 Intensity

FOR REVIEW ONLY

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?

IF LEARNED ABOUT EVENT POSSIBLY CAUSING SEVERE INJURY OR DEATH NOT PRESENT, SKIP TO "LEARNED ABOUT EXPOSURE TO NOXIOUS AGENT", (PAGE 108).

Coding rules

LEARNED ABOUT EVENT

0 = Absent

2 = Present, to friend

3 = Present, to 2nd degree relative

4 = Present, to 1st degree relative

EVER: PERPETRATOR

0 = No perpetrator.

2 = Unknown perpetrator.

3 = Acquaintance

4 = Friend

5 = Family member.

LEARNED ABOUT EVENT

0 = Absent

2 = Present, to friend

3 = Present, to 2nd degree relative

4 = Present, to 1st degree relative

PERPETRATOR

0 = No perpetrator.

2 = Unknown perpetrator.

3 = Acquaintance

4 = Friend

5 = Family member.

Codes

Ever:CKF7E01
Intensity

Ever:CKF7O01
Onset
/ /

Ever:CKF7X01

CKF7I01
Intensity

CKF7O02
Onset
/ /

CKF7X02

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

ATTRIBUTION

0 = Absent

2 = Present

CKF7E02 Intensity

ATTRIBUTION OF LIFE EVENT AS CONTRIBUTING TO PROBLEM WITH:

1 = School non-attendance. CKF7X03

2 = Separation anxiety. CKF7X04

3 = Worries/anxiety.

4 = Obsessions/compulsions. CKF7X05

5 = Depression

6 = Mania

7 = Physical symptoms. CKF7X06

8 = Food-related behavior.

9 = Hyperactivity/ADD CKF7X07

10 = Conduct disorder.

11 = Alcohol/drugs CKF7X08

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

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?

PAINFUL RECALL SCREEN

0 = Absent

2 = Present

CKF8I01 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF LEARNED ABOUT EVENT PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "LEARNED ABOUT EXPOSURE TO NOXIOUS AGENT", (PAGE 108).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

LEARNED ABOUT EVENT-AVOIDANCE

Do certain things remind you of "life event"?

What things?
Do you try to avoid these things/thoughts?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKF8I02
Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKF8I03
Intensity

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?

EXPOSURE TO NOXIOUS AGENT

0 = No

2 = Yes, exposure to chemical

3 = Yes, exposure to infectious agent

Ever:CKF9E01
Intensity

Ever:CKF9O01
Onset

/ /

EXPOSURE TO NOXIOUS AGENT

0 = No

2 = Yes, exposure to chemical

3 = Yes, exposure to infectious agent

CKF9I01
Intensity

CKF9O02
Onset

/ /

IF LEARNED ABOUT EXPOSURE TO NOXIOUS AGENT ABSENT, SKIP TO "CAUSING DEATH OR SEVERE HARM", (PAGE 112).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

LEARNED ABOUT EXPOSURE TO NOXIOUS AGENT - ATTRIBUTION

Which ones?
In what way?

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

CKF9X01
CKF9X02
CKF9X03
CKF9X04
CKF9X05
CKF9X06

In the last 3 months, has this affected any of the problems we've been talking about?

ATTRIBUTION

0 = Absent

2 = Present

CKF9E02
Intensity

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?

PAINFUL RECALL SCREEN

0 = Absent

2 = Present

CKG0I01
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF LEARNED ABOUT EXPOSURE TO NOXIOUS AGENT PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "CAUSING DEATH OR SEVERE HARM", (PAGE 112).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

LEARNED ABOUT EXPOSURE-AVOIDANCE

Do certain things remind you of "life event"?

What happened?
Do you try to avoid these things/thoughts?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKG0I02
Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKG0I03
Intensity

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

CAUSING DEATH OR SEVERE HARM

0 = Absent

2 = Severe Harm

3 = Death

PERSON HURT

2 = Stranger

3 = Acquaintance

4 = Friend

5 = Family member

INTENTIONALITY

0 = Harm was accidental.

2 = Intended to hurt.

3 = Intended to kill.

CAUSING DEATH OR SEVERE HARM

0 = Absent

2 = Severe Harm

3 = Death

PERSON HURT

2 = Stranger

3 = Acquaintance

4 = Friend

5 = Family member

INTENTIONALITY

0 = Harm was accidental.

2 = Intended to hurt.

3 = Intended to kill.

Codes

Ever:CKG1E01
Intensity

Ever:CKG1O01
Onset
/ /

Ever:CKG1X01

Ever:CKG1X02

CKG1I01
Intensity

CKG1O02
Onset
/ /

CKG1X03

CKG1X04

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF CAUSING DEATH OR SEVERE INJURY NOT PRESENT, SKIP TO "VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE)", (PAGE 117).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

ATTRIBUTION

CKG1I99
Intensity

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

CKG1X05

1 = School non-attendance.

CKG1X06

2 = Separation anxiety.

3 = Worries/anxiety.

CKG1X07

4 = Obsessions/compulsions.

5 = Depression

CKG1X08

6 = Mania

7 = Physical symptoms.

8 = Food-related behavior.

CKG1X09

9 = Hyperactivity/ADD

10 = Conduct disorder.

CKG1X10

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

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?

PAINFUL RECALL SCREEN

CKG2I01
Intensity

0 = Absent

2 = Present

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF CAUSING DEATH OR SEVERE HARM PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE)", (PAGE 117).

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
CAUSING DEATH OR SEVERE HARM-AVOIDANCE		
Do certain things remind you of "life event"?	**AVOIDANCE SCREEN**	CKG2I02 Intensity
What happened? ***Do you try to avoid these things/thoughts?***	0 = Absent 2 = Present	
CAUSING DEATH OR SEVERE HARM-HYPERAROUSAL		
Since "life event", have you been more jumpy or irritable?	**HYPERAROUSAL SCREEN**	CKG2I03 Intensity
Have you had any trouble sleeping?	0 = Absent 2 = Present	
Have you been "on the alert" for bad things happening?		

FOR REVIEW ONLY

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?

Coding rules

VICTIM OF PHYSICAL VIOLENCE

0 = Absent

2 = Some physical injury (e.g., black eye, cuts), or force with potential for such.

3 = Serious injury (e.g., broken limb, unconsciousness, hospitalization), or force with potential for such.

PERSON USING FORCE

2 = Known peer.

3 = Known non-familial adult.

4 = Unknown adult.

5 = Unknown peer.

6 = More than one person.

THREATENED WITH WEAPON

0 = Absent

2 = Weapon used to threaten but not to hurt victim.

3 = Weapon used to threaten and injure victim.

VICTIM OF PHYSICAL VIOLENCE

0 = Absent

2 = Some physical injury (e.g., black eye, cuts), or force with potential for such.

3 = Serious injury (e.g., broken limb, unconsciousness, hospitalization), or force with potential for such.

Codes

Ever:CKG3E01
Intensity
[ ]

Ever:CKG3V01
Frequency
[ ]

Ever:CKG3O01
Onset
[/ /]

Ever:CKG3X01
[ ]

Ever:CKG3E02
[ ]

CKG3I01
Intensity
[ ]

CKG3F01
Frequency
[ ]

CKG3O02
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions

IF VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE) NOT PRESENT, SKIP TO "VICTIM OF PHYSICAL ABUSE", (PAGE 122).

Coding rules

PERSON USING FORCE

2 = Known peer.

3 = Known non-familial adult.

4 = Unknown adult.

5 = Unknown peer.

6 = More than one person.

THREATENED WITH WEAPON

0 = Absent

2 = Weapon used to threaten but not to hurt victim.

3 = Weapon used to threaten and injure victim.

Codes

CKG3X02

CKG3I02

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

ATTRIBUTION

0 = Absent

2 = Present

CKG3I99 Intensity

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

CKG3X03

CKG3X04

CKG3X05

CKG3X06

CKG3X07

CKG3X08

VICTIM OF PHYSICAL VIOLENCE (NOT 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 nightmares about the event?

PAINFUL RECALL SCREEN

0 = Absent

2 = Present

CKG4I01 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF PHYSICAL VIOLENCE (NOT ABUSE) PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "VICTIM OF PHYSICAL ABUSE", (PAGE 122).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKG4I02
Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKG4I03
Intensity

FOR REVIEW ONLY

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?

Coding rules

VICTIM OF PHYSICAL ABUSE

0 = Absent

2 = Some physical injury (e.g., black eye, cuts), or force with potential for such.

3 = Serious injury (e.g., broken limb, unconsciousness, hospitalization), or force with potential for such.

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

THREATENED WITH WEAPON

0 = Absent

2 = Weapon used to threaten but not to hurt victim.

3 = Weapon used to threaten and injure victim.

VICTIM OF PHYSICAL ABUSE PP

0 = Absent

2 = Some physical injury (e.g., black eye,

Codes

Ever:CKG5E01
Intensity

Ever:CKG5O01
Onset
/ /

Ever:CKG5X01

Ever:CKG5V01
Frequency

Ever:CKG5E02

CKG5I01
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

cuts), or force with potential for such.

3 = Serious injury (e.g., broken limb, unconsciousness, hospitalization), or force with potential for such.

CKG5O02
Onset
/ /

PERSON USING FORCE

CKG5X02

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

THREATENED WITH WEAPON

CKG5I02

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).

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

SEEKING HELP (PHYSICAL ABUSE)

0 = Absent

2 = Present

SUPPORTIVE REPONSE

2 = Listening

3 = Personal intervention.

4 = Intervention involving professional agency.

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.

Codes

Ever:CKG6X99
Intensity

Ever:CKG6X01

Ever:CKG6X02

Ever:CKG6X03

Ever:CKG6X04

Ever:CKG6X05

Ever:CKG6X06

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

ATTRIBUTION

CKG6I99 Intensity

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

CKG6X07

1 = School non-attendance.

CKG6X08

2 = Separation anxiety.

3 = Worries/anxiety.

CKG6X09

4 = Obsessions/compulsions.

5 = Depression

CKG6X10

6 = Mania

7 = Physical symptoms.

8 = Food-related behavior.

CKG6X11

9 = Hyperactivity/ADD

10 = Conduct disorder.

CKG6X12

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

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?

PAINFUL RECALL SCREEN

CKG7I01 Intensity

0 = Absent

2 = Present

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF SEEKING HELP (PHYSICAL ABUSE) PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "CAPTIVITY", (PAGE 128).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

VICTIM OF PHYSICAL ABUSE-AVOIDANCE

Do certain things/thoughts remind you of "life event"?

What things?
Do you try to avoid these things/thoughts?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKG7I02
Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKG7I03
Intensity

FOR REVIEW ONLY

Definitions and questions

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).

Coding rules

CAPTIVITY

0 = Absent

2 = Held captive against will for at least a day.

3 = Captivity included threats of death, severe injury, or never seeing family member(s) again.

CAPTIVITY

0 = Absent

2 = Held captive against will for at least a day.

3 = Captivity included threats of death, severe injury, or never seeing family member(s) again.

Codes

Ever:CKG8E01
Intensity

Ever:CKG8V01
Frequency

Ever:CKG8O01
Onset
/ /

CKG8I01
Intensity

CKG8F01
Frequency

CKG8O02
Onset
/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

ATTRIBUTION

0 = Absent

2 = Present

CKG8I99 Intensity

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

1 = School non-attendance. CKG8X01

2 = Separation anxiety. CKG8X02

3 = Worries/anxiety.

4 = Obsessions/compulsions. CKG8X03

5 = Depression

6 = Mania

7 = Physical symptoms. CKG8X04

8 = Food-related behavior.

9 = Hyperactivity/ADD CKG8X05

10 = Conduct disorder.

11 = Alcohol/drugs CKG8X06

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

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?

PAINFUL RECALL SCREEN

0 = Absent

2 = Present

CKG9I01 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF CAPTIVITY PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "SEXUAL ABUSE OR RAPE", (PAGE 132).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

CAPTIVITY-AVOIDANCE

Do certain things remind you of "life event"?

What things?
Do you try to avoid these things/thoughts?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKG9I02
Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKG9I03
Intensity

FOR REVIEW ONLY

Definitions and questions

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 desires 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?

Coding rules

SEXUAL ABUSE OR RAPE

0 = Absent

2 = Present

SEXUAL ABUSE OR RAPE IN LAST 3 MONTHS

0 = Absent

2 = Present

SEXUAL ABUSE

0 = Absent

2 = Present

NUMBER OF TIMES SEXUAL ABUSE

ONSET SEXUAL ABUSE

SEXUAL ABUSE

0 = Absent

2 = Present

LAST 3 MONTHS: NUMBER OF TIMES SEXUAL ABUSE

LAST 3 MONTHS: ONSET OF SEXUAL ABUSE

RAPE

0 = Absent

2 = Present

NUMBER OF TIMES RAPE

ONSET OF RAPE

RAPE

0 = Absent

2 = Present

LAST 3 MONTHS: NUMBER OF TIMES RAPE

Codes

Ever:CKH0X99
Intensity
[ ]

CKH0X98
Intensity
[ ]

Ever:CKH0E01
[ ]

Ever:CKH0V01
[ ]

Ever:CKH0O01
[/ /]

CKH0I01
[ ]

CKH0F01
[ ]

CKH0O02
[/ /]

Ever:CKH0E02
[ ]

Ever:CKH0V02
[ ]

Ever:CKH0O03
[/ /]

CKH0I02
[ ]

CKH0F02
[ ]

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

IF NO EVIDENCE OF POSSIBLE SEXUAL ABUSE, SKIP TO "OTHER EVENT", (PAGE 138).

LAST 3 MONTHS: ONSET OF RAPE

CKH0O04

/ /

PERPETRATOR

Ever:CKH0X01

2 = Perpetrator is stranger

3 = Perpetrator is known individual

Ever:CKH0X02

Specify

Ever:CKH0X03

FOR REVIEW ONLY

Definitions and questions

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 youdidn'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 sever 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.

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.

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Codes

Ever:CKH2E01
Intensity

CKH2I01
Intensity

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

SEEKING HELP (SEXUAL ABUSE)

0 = Absent

2 = Present

SUPPORTIVE RESPONSE: PEERS

2 = Listening

3 = Personal intervention.

4 = Intervention involving professional agency.

SUPPORTIVE RESPONSE: FAMILY MEMBER

2 = Listening

3 = Personal intervention.

4 = Intervention involving professional agency.

SUPPORTIVE RESPONSE: OTHER ADULT

2 = Listening

3 = Personal intervention.

4 = Intervention involving professional agency.

UNSUPPORTIVE RESPONSE- PEERS

2 = Unwillingness to listen.

3 = Reluctance to get involved.

4 = Denial of truth of story.

5 = Threaten subject if ever tell anyone.

UNSUPPORTIVE RESPONSE: FAMILY MEMBER

2 = Unwillingness to listen.

3 = Reluctance to get involved.

4 = Denial of truth of story.

5 = Threaten subject if ever tell anyone.

UNSUPPORTIVE RESPONSE- OTHER ADULT

2 = Unwillingness to listen.

3 = Reluctance to get involved.

4 = Denial of truth of story.

5 = Threaten subject if ever tell anyone.

Codes

Ever:XYZ3I15
Intensity

Ever:CKH3X01

Ever:CKH3X02

Ever:CKH3X03

Ever:CKH4X01

Ever:CKH4X02

Ever:CKH4X03

FOR REVIEW ONLY

Definitions and questions

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).

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

PAINFUL RECALL SCREEN

0 = Absent

2 = Present

Codes

CKH4X10 Intensity

CKH4X04

CKH4X05

CKH4X06

CKH4X07

CKH4X08

CKH4X09

CKH5I01 Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

SEXUAL ABUSE OR RAPE-AVOIDANCE

Do certain things remind you of "life event"?

What things?
Do you try to avoid these things/thoughts?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKH5I02
Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKH5I03
Intensity

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?

OTHER EVENT

0 = Absent

2 = Present

Specify

Ever:CKH6E01
Intensity

Ever:CKH6V01
Frequency

Ever:CKH6O01
Onset
/ /

OTHER EVENT

0 = Absent

2 = Present

Specify

CKH6I01
Intensity

CKH6F01
Frequency

CKH6O02
Onset
/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF OTHER EVENT NOT PRESENT, SKIP TO "ACTIVE RECALL", (PAGE 10).

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

ATTRIBUTION

CKH6I99 Intensity

0 = Absent

2 = Present

ATTRIBUTION OF "LIFE EVENT" AS CONTRIBUTING TO PROBLEM WITH:

CKH6X01

1 = School non-attendance.

CKH6X02

2 = Separation anxiety.

3 = Worries/anxiety.

CKH6X03

4 = Obsessions/compulsions.

5 = Depression

CKH6X04

6 = Mania

7 = Physical symptoms.

8 = Food-related behavior.

CKH6X05

9 = Hyperactivity/ADD

10 = Conduct disorder.

CKH6X06

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

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?

PAINFUL RECALL SCREEN

CKH7I01 Intensity

0 = Absent

2 = Present

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF OTHER PAINFUL RECALL PRESENT, ASK AVOIDANCE AND HYPERAROUSAL. OTHERWISE, SKIP TO "ACTIVE RECALL", (PAGE 10).

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

OTHER EVENT-AVOIDANCE

Do certain things remind you of "life event"?

What things?
Do you try to avoid these things/thoughts?

AVOIDANCE SCREEN

0 = Absent

2 = Present

CKH7I02 Intensity

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?

HYPERAROUSAL SCREEN

0 = Absent

2 = Present

CKH7I03 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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).

SCREEN FOR LIFE EVENT IN LAST 3 MONTHS

0 = Absent

2 = Present

CLA9X89
Intensity

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
ACUTE RESPONSES TO TRAUMATIC EVENT		
ACUTE EMOTIONAL RESPONSES		
Emotional responses to the event when it occurred.	**LIFE EVENT IN THE LAST 3 MONTHS**	CLA0I01 Intensity
Now I would like to ask you about feelings you may have had when the "life event" occurred.	1 = New Child(ren) in Home 2 = Parental Separation 3 = Parental Divorce 5 = Moving House 6 = Change of School/College/University 7 = Loss of Best Friend Through Moving 8 = Breakup With Best Friend 9 = Breakup With Boy/Girlfriend, Spouse, Or Romantic Partner 10 = Chronically Unsafe Neighborhood 11 = Parental Arrest 12 = Reduction in Standard of Living 13 = Forced Separation From Home 14 = Diagnosis of Physical Illness 15 = Accident	☐
Were you suprised by what happened?	**SURPRISE** 0 = Absent 2 = Present	CLA1X01 ☐
Did you feel helpless? *Like you couldn't do anything to make it better?*	**HELPLESSNESS** 0 = Absent 2 = Present	CLA1X02 ☐
Did you feel like it wasn't really happening? *Like it was only a story, not the real thing?*	**DEREALIZATION** 0 = Absent 2 = Present	CLA1X03 ☐
Were you afraid or scared?	**FEAR** 0 = Absent 2 = Present	CLA1X04 ☐
Were you worried that you weren't safe? ***Or that you might die?***	**WORRY** 0 = Absent 2 = Present	CLA1X05 ☐
Did you get angry?	**ANGER** 0 = Absent 2 = Present	CLA1X06 ☐

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
Did you feel nothing at all? *Like you couldn't feel anything?* *Or didn't want to feel anything?*	**EMOTIONAL NUMBNESS** 0 = Absent 2 = Present	CLA1X07
Were you grossed out or disgusted by what happened?	**DISGUST/REVULSION** 0 = Absent 2 = Present	CLA1X08
Did you feel out of control? *That you might not be able to control your feelings?*	**OUT OF CONTROL** 0 = Absent 2 = Present	CLA1X09
Did you feel sad?	**SAD** 0 = Absent 2 = Present	CLA1X10
Did you feel confused? *Like you couldn't understand what was happening?* *Like it didn't make any sense?*	**CONFUSED** 0 = Absent 2 = Present	CLA1X11
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?*	**DETACHED** 0 = Absent 2 = Present	CLA1X12
Did you feel guilty? *Like it was your fault?*	**GUILTY** 0 = Absent 2 = Present	CLA1X13
Did you feel like someone you trusted had tricked you?	**BETRAYED** 0 = Absent 2 = Present	CLA1X14
Did you feel embarrassed by what was happening? *Or ashamed?*	**EMBARRASSED** 0 = Absent 2 = Present	CLA1X15
ACUTE SOMATIC RESPONSES Physical responses to the life event when it occurred. ***When "life event" occurred, did it affect you physically at all?***	**ACUTE SOMATIC RESPONSES** 0 = Absent 2 = Present	CLA2I90 Intensity

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
Did you get dizzy or giddy or faint?	**DIZZINESS/FAINTNESS** 0 = Absent 2 = Present	CLA2X01
Did you get a dry mouth?	**DRY MOUTH** 0 = Absent 2 = Present	CLA2X02
Did it affect your breathing? *How?*	**CHOKING/SMOTHERING** 0 = Absent 2 = Present	CLA2X03
	DIFFICULTY BREATHING 0 = Absent 2 = Present	CLA2X04
	RAPID BREATHING 0 = Absent 2 = Present	CLA2X05
Did it affect your heart?	**PALPITATIONS** 0 = Absent 2 = Present	CLA2X06
Did you get a pain in your chest?	**TIGHTNESS OR PAIN IN CHEST** 0 = Absent 2 = Present	CLA2X07
Did you get sweaty?	**SWEATING** 0 = Absent 2 = Present	CLA2X08
Or feel sick?	**NAUSEA** 0 = Absent 2 = Present	CLA2X09
Did you have to go to the bathroom?	**URINATING FREQUENTLY** 0 = Absent 2 = Present	CLA2X10
Did it affect your stomach?	**BUTTERFLIES IN THE STOMACH** 0 = Absent 2 = Present	CLA2X11
Did you get diarrhea?	**DIARRHEA** 0 = Absent 2 = Present	CLA2X12

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
Did you get shaky?	**TREMBLING/SHAKING** 0 = Absent 2 = Present	CLA2X13
Did your muscles get sore?	**MUSCLE SORENESS** 0 = Absent 2 = Present	CLA2X14
Did you get flushed?	**FLUSHING** 0 = Absent 2 = Present	CLA2X15
Or pale?	**PALLOR** 0 = Absent 2 = Present	CLA2X16
Did you have funny feelings in your fingers or toes?	**PARAESTHESIAE** 0 = Absent 2 = Present	CLA2X17
Did you get a lump in your throat?	**LUMP IN THE THROAT** 0 = Absent 2 = Present	CLA2X18
Did your abdomen churn?	**ABDOMINAL CHURNING** 0 = Absent 2 = Present	CLA2X19
INTERVENTION FANTASIES During the event, subject imagines doing something extraordinary to stop the event. ***During "life event", did you imagine or wish that you could do something superhuman to get you or someone else out of danger?*** *What did you imagine?* *What happened?*	**INTERVENTION FANTASIES** 0 = Absent 2 = Present during event and realized. 3 = Present during event but unrealized.	CLA3X01 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

RESCUE FANTASIES DURING EVENT

0 = Absent

2 = Present during event and realized.

3 = Present during event but unrealized.

CLA3X02
Intensity

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?

REVENGE FANTASIES

0 = Absent

2 = Present during event and realized.

3 = Present during event but unrealized.

CLA3X03
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

PAINFUL RECALL OF LIFE EVENT

0 = Absent

2 = Present

CLA4XYZ 00
Intensity
[ ]

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"?

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.

CLA4I01
Intensity
[ ]

CLA4F01
Frequency
[ ]

HOURS : MINUTES

CLA4D01
Duration
[ ]

ONSET: EXTERNALLY CUED PAINFUL RECALL

CLA4O01
[/ /]

FOR REVIEW ONLY

Definitions and questions

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 phsyical effects when you remember "life event"?

Like your heart racing?
Or being short of breath?
Or feeling shaky ot 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, whet 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

AVOIDANCE

0 = Absent

2 = Avoids situations that might provoke painful recall at least sometimes, but not to a degree that prevents a normal lifestyle.

3 = Avoidance leads to disruption of normal life and activities and results in a highly restricted lifestyle.

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 responce to painful recall, but these do not amount to panic attacks

3 = Panic attacks in responce to painful recall

NOTICEABLE TO OTHERS

0 = No

2 = Child reports others notice changes (anxiety, daydreaming, etc.).

Codes

CLA5I01 Intensity

CLA5O01 Onset
/ /

CLA6I01

CLA6I02

CLA6I03

CLA7I01

CLA7I02

FOR REVIEW ONLY

Definitions and questions

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 rememering "life event"?

What would they see?
When you "think aobut life event", do you notice any phsyical 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

Codes

CLA8I01 Intensity

CLA8F01 Frequency

CLA8D01 Duration

CLA8O01 Onset

/ /

NORMAL SUPPRESSION

CLA9I01

0 = Absent

2 = Uses normal thoughts or normal activities in attempt to reduce painful recall.

OBSESSIONAL SUPPRESSION

CLA9I02

0 = Absent

2 = Uses obsessional thoughts or obsessional rituals in attempt to reduce painful recall.

COMPULSIVE SUPPRESSION

CLA9I03

0 = Absent

2 = Uses compulsive behaviors in attempt to reduce painful recall.

PAINFUL RECALL NOTICABLE TO OTHERS

CLB0I01

0 = No

2 = Child reports others notice changes (anxiety, daydreaming, etc.).

AUTONOMIC EFFECTS

CLB0I02

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

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

ACTIVE RECALL

0 = Absent

2 = Present

CLB1I01
Intensity

CLB1F01
Frequency

HOURS : MINUTES

CLB1D01
Duration

CLB1O01
Onset
/ /

WORRY

0 = Absent

2 = Present

CLB2I01

SADNESS

0 = Absent

2 = Present

CLB2I02

ANGER

0 = Absent

2 = Present

CLB2I03

GUILT

0 = Absent

2 = Present

CLB2I04

SENSE OF MASTERY

0 = Absent

2 = Present

CLB2I05

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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.

Codes

CLB2I06
Intensity

CLB2O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

RELIVING OF LIFE EVENT

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).

HOURS : MINUTES

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

Codes

CLB3I01 Intensity

CLB3F01 Frequency

CLB3D01 Duration

CLB3O01 Onset
/ /

CLB3I02

CLB3I03

CLB3I04

CLB3I05

CLB3I06

FOR REVIEW ONLY

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

0 = Absent

2 = Present

AUTONOMIC EFFECTS

0 = Absent

2 = Notices autonomic changes in response to nightmares.

3 = Has panic attack in response to nightmares.

REASSURANCE

0 = Absent

2 = Upon waking from nightmare, seeks time limited reassurance or contact.

3 = Upon waking, seeks extended reassurance or contact (e.g. won't go back to bed, conflict arises over need for reassurance).

ANTICIPATORY REASSURANCE

0 = Absent

2 = At bedtime, seeks time limited reassurance or contact (e.g. extended bedtime ritual).

3 = Seeks extended reassurance or contact (e.g. won't go to bed, conflict arises over need for reassurance).

Codes

CLB4I01
Intensity

CLB4O01
Onset
/ /

CLB4I02

CLB4I03

CLB4I04

FOR REVIEW ONLY

Definitions and questions

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"?

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

CLB5I01
Intensity

CLB5O01
Onset
/ /

CLB5F01
Frequency

CLB5I02

CLB5I03

FOR REVIEW ONLY

Definitions and questions

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

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".

Codes

CLB6I01
Intensity

CLB6O01
Onset
/ /

CLB6I02

CLB6I03

FOR REVIEW ONLY

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 fuctioning 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

CLB7I01
Intensity

CLB7O01
Onset
/ /

CLB7I02

CLB7I03

FOR REVIEW ONLY

Definitions and questions

ANGER DYSCONTROL

Increased outbursts of anger have resulting 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

0 = Absent

2 = Present but does not interfere with fuctioning 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

CLB8I01
Intensity

CLB8O01
Onset
/ /

CLB8I02

CLB8I03

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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".

Codes

CLB9I01
Intensity

CLB9O01
Onset
/ /

CLB9I02

CLB9I03

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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".

Codes

CLC0I01
Intensity

CLC0O01
Onset
/ /

CLC0I02

CLC0I03

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

DETACHMENT

0 = Absent

2 = Feels that it is more difficult to relate emotionally to people than before "life event", but has not reduced social contacts.

3 = Has reduced social contacts because of difficulty relating emotionally to people.

CLC1I01 Intensity

CLC1O01 Onset

/ /

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 POSITIVE AFFECT

0 = Absent

2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.

3 = Affect is felt to be lost in almost all activities.

ONSET: LOSS OF POSITIVE AFFECT

CLC2I01 Intensity

CLC2O01

/ /

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?

LOSS OF NEGATIVE AFFECT

0 = Absent

2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.

3 = Affect is felt to be lost in almost all activities.

CLC3I01 Intensity

CLC3O01 Onset

/ /

FOR REVIEW ONLY

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

LOSS OF POSITIVE EMOTIONAL EXPRESSION

0 = Absent

2 = Less able or willing to talk about or show emotions, or to discuss topics with emotional content or which stimulate emotions.

3 = Almost always unable or unwilling to talk about or show emotions or to discuss topics with emotional content or which stimulate emotions.

ONSET: LOSS OF POSITIVE EMOTIONAL EXPRESSION

LOSS OF NEGATIVE EMOTIONAL EXPRESSION

0 = Absent

2 = Less able or willing to talk about or show emotions, or to discuss topics with emotional content or which stimulate emotions.

3 = Almost always unable or unwilling to talk about or show emotions or to discuss topics with emotional content or which stimulate emotions.

Codes

CLC4I01
Intensity
[ ]

CLC4O01
[/ /]

CLC5I01
Intensity
[ ]

CLC5O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

PLAY RECAPITULATING "LIFE EVENT"

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.

CLC6I01 Intensity

CLC6O01 Onset

/ /

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"?

DANGEROUS ACTIVITIES

0 = No

2 = Yes

CLC7I01 Intensity

CLC7O01 Onset

/ /

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?

INCREASED ATTENTION TO RELIGION

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.

CLC8I01 Intensity

CLC8O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

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.

CLC9I01
Intensity
[ ]

CLC9O01
Onset
[/ /]

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?

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.

CLD0I01
Intensity
[ ]

CLD0O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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

SURVIVOR GUILT

0 = Absent

2 = Present

CLD1I01
Intensity

CLD1O01
Onset
/ /

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?

REVENGE FANTASIES

0 = Absent

2 = Present

CLD2I01
Intensity

CLD2O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

CHANGED EXPECTATIONS OF LONG-TERM FUTURE

0 = Absent

2 = 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.

3 = Does not expect to survive to adulthood.

Codes

CLD3I01
Intensity

CLD3O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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).

SCREEN FOR LIFE EVENT: LIFETIME

0 = Absent

2 = Present

Ever:CLA8X38
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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.

PTSD B PRESENT — CLM0E90 Intensity

0 = Absent

2 = Present

PTSD B-EVENT — CLE0E01

18 = Death of Loved One

19 = Death of Sibling or Peer

20 = Natural Disaster

21 = Fire

22 = War or Terrorism

23 = Witness to Event

24 = Learned About Event

25 = Exposure to Noxious Agent

26 = Causing Death or Severe Harm

27 = Victim of Physical Violence

28 = Victim of Physical Abuse

29 = Captivity

30 = Sexual Abuse or Rape

31 = Other

32 = Stalking

33 = Sexual Harassment

Were you surprised by what happened?

SURPRISE — CLE1X01

0 = Absent

2 = Present

Did you feel helpless?

Like you couldn't do anything to make it better?

HELPLESSNESS — CLE1X02

0 = Absent

2 = Present

Did you feel like it wasn't really happening?

Like it was only a story, not the real thing?

DEREALIZATION — CLE1X03

0 = Absent

2 = Present

Were you afraid or scared?

FEAR — CLE1X04

0 = Absent

2 = Present

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
Were you worried that you weren't safe? ***Or that you might die?***	**WORRY** 0 = Absent 2 = Present	CLE1X05
Did you get angry?	**ANGER** 0 = Absent 2 = Present	CLE1X06
Did you feel nothing at all? *Like you couldn't feel anything?*	**EMOTIONAL NUMBNESS** 0 = Absent 2 = Present	CLE1X07
Were you grossed out or disgusted by what happened?	**DISGUST/REVULSION** 0 = Absent 2 = Present	CLE1X08
Did you feel out of control? *That you might not be able to control your feelings?*	**OUT OF CONTROL** 0 = Absent 2 = Present	CLE1X09
Did you feel sad?	**SAD** 0 = Absent 2 = Present	CLE1X10
Did you feel confused? *Like you couldn't understand what was happening?* *Like it didn't make any sense?*	**CONFUSED** 0 = Absent 2 = Present	CLE1X11
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?*	**DETACHED** 0 = Absent 2 = Present	CLE1X12
Did you feel guilty? *Like it was your fault?*	**GUILTY** 0 = Absent 2 = Present	CLE1X13
Did you feel like someone you trusted had tricked you?	**BETRAYED** 0 = Absent 2 = Present	CLE1X14
Did you feel embarrassed by what was happening? *Or ashamed?*	**EMBARRASSED** 0 = Absent 2 = Present	CLE1X15

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
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?***	**EVER: ACUTE SOMATIC RESPONSES** 0 = Absent 2 = Present	CLE2I90 Intensity
Did you get dizzy or giddy or faint?	**DIZZINESS/FAINTNESS** 0 = Absent 2 = Present	CLE2X01
Did you get a dry mouth?	**DRY MOUTH** 0 = Absent 2 = Present	CLE2X02
Did it affect your breathing? How?	**CHOKING/SMOTHERING** 0 = Absent 2 = Present	CLE2X03
	DIFFICULTY BREATHING 0 = Absent 2 = Present	CLE2X04
	RAPID BREATHING 0 = Absent 2 = Present	CLE2X05
Did it affect your heart?	**PALPITATIONS** 0 = Absent 2 = Present	CLE2X06
Did you get a pain in your chest?	**TIGHTNESS OR PAIN IN CHEST** 0 = Absent 2 = Present	CLE2X07
Did you get sweaty?	**SWEATING** 0 = Absent 2 = Present	CLE2X08
Or feel sick?	**NAUSEA** 0 = Absent 2 = Present	CLE2X09
Did you have to go to the bathroom?	**URINATING FREQUENTLY** 0 = Absent 2 = Present	CLE2X10

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
Did it affect your stomach?	**BUTTERFLIES IN THE STOMACH** 0 = Absent 2 = Present	CLE2X11
Did you get diarrhea?	**DIARRHEA** 0 = Absent 2 = Present	CLE2X12
Did you get shaky?	**TREMBLING/SHAKING** 0 = Absent 2 = Present	CLE2X13
Did your muscles get sore?	**MUSCLE SORENESS** 0 = Absent 2 = Present	CLE2X14
Did you get flushed?	**FLUSHING** 0 = Absent 2 = Present	CLE2X15
Or pale?	**PALLOR** 0 = Absent 2 = Present	CLE2X16
Did you have funny feelings in your fingers or toes?	**PARAESTHESIAE** 0 = Absent 2 = Present	CLE2X17
Did you get a lump in your throat?	**LUMP IN THE THROAT** 0 = Absent 2 = Present	CLE2X18
Did your abdomen churn?	**ABDOMINAL CHURNING** 0 = Absent 2 = Present	CLE2X19
EVER: INTERVENTION FANTASIES During the event, subject imagines doing something extraordinary to stop the event. ***During "life event", did you imagine or wish that you could do something superhuman to get you or someone else out of danger?*** *What did you imagine?* *What happened?*	**EVER: INTERVENTION FANTASIES** 0 = Absent 2 = Present during event and realized. 3 = Present during event but unrealized.	CLE3X01 Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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: RESCUE FANTASIES

0 = Absent

2 = Present during event and realized.

3 = Present during event but unrealized.

CLE3X02
Intensity

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?

EVER: REVENGE FANTASIES

0 = Absent

2 = Present during event and realized.

3 = Present during event but unrealized.

CLE3X03
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

PAINFUL RECALL OF LIFE EVENT

0 = Absent

2 = Present

CYZAB02
Intensity

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 SUPRESSION 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"?

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.

CLE4I01
Intensity

CLE4F01
Frequency

HOURS : MINUTES

CLE4D01
Duration

CLE4O01
Onset

/ /

FOR REVIEW ONLY

Definitions and questions

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 is 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

AVOIDANCE

0 = Absent

2 = Avoids situations that might provoke painful recall at least sometimes, but not to a degree that prevents a normal lifestyle.

3 = Avoidance leads to disruption of normal life and activities and results in a highly restricted lifestyle.

ONSET: AVOIDANCE

NORMAL SUPRESSION

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.).

Codes

CLE5I01
Intensity

CLE5O01
/ /

CLE6I01

CLE6I02

CLE6I03

CLE7I01

CLE7I02

FOR REVIEW ONLY

Definitions and questions

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

NORMAL SUPRESSION

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.

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

Codes

CLE8I01
Intensity

CLE8F01
Frequency

CLE8D01
Duration

CLE8O01
Onset
/ /

CLE9I01

CLE9I02

CLE9I03

CLF0I01

CLF0I02

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

ACTIVE RECALL

0 = Absent

2 = Present

CLF1I01
Intensity

CLF1F01
Frequency

HOURS : MINUTES

CLF1D01
Duration

CLF1O01
Onset
/ /

WORRY

0 = Absent

2 = Present

CLF2I01

SADNESS

0 = Absent

2 = Present

CLF2I02

ANGER

0 = Absent

2 = Present

CLF2I03

GUILT

0 = Absent

2 = Present

CLF2I04

SENSE OF MASTERY

0 = Absent

2 = Present

CLF2I05

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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.

Codes

CLF2I06
Intensity

CLF2O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

RELIVING OF "LIFE EVENT"

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).

HOURS : MINUTES

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

Codes

CLF3I01
Intensity

CLF3F01
Frequency

CLF3D01
Duration

CLF3O01
Onset
/ /

CLF3I02

CLF3I03

CLF3I04

CLF3I05

CLF3I06

FOR REVIEW ONLY

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

0 = Absent

2 = Present

AUTONOMIC EFFECTS

0 = Absent

2 = Notices autonomic changes in response to nightmares.

3 = Has panic attack in response to nightmares.

REASSURANCE

0 = Absent

2 = Upon waking from nightmare, seeks time limited reassurance or contact.

3 = Upon waking, seeks extended reassurance or contact (e.g. won't go back to bed, conflict arises over need for reassurance).

ANTICIPATORY REASSURANCE

0 = Absent

2 = At bedtime, seeks time limited reassurance or contact (e.g. extended bedtime ritual).

3 = Seeks extended reassurance or contact (e.g. won't go to bed, conflict arises over need for reassurance).

Codes

CLF4I01
Intensity

CLF4O01
Onset
/ /

CLF4I02

CLF4I03

CLF4I04

FOR REVIEW ONLY

Definitions and questions

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

FOR REVIEW ONLY

Definitions and questions

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

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".

Codes

CLF6I01
Intensity

CLF6O01
Onset
/ /

CLF6I02

CLF6I03

FOR REVIEW ONLY

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 fuctioning 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

CLF7O01
Onset
/ /

CLF7I02

CLF7I03

FOR REVIEW ONLY

Definitions and questions

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 fuctioning 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

CLF8I01
Intensity

CLF8O01
Onset
/ /

CLF8I02

CLF8I03

FOR REVIEW ONLY

Definitions and questions

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"?

Coding rules

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".

Codes

CLF9I01
Intensity

CLF9O01
Onset
/ /

CLF9I02

CLF9I03

FOR REVIEW ONLY

Definitions and questions

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"?

Coding rules

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".

Codes

CLG0I01
Intensity

CLG0O01
Onset
/ /

CLG0I02

CLG0I03

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

DETACHMENT

0 = Absent

2 = Feels that it is more difficult to relate emotionally to people than before "life event", but has not reduced social contacts.

3 = Has reduced social contacts because of difficulty relating emotionally to people.

CLG1I01 Intensity

CLG1O01 Onset

/ /

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 POSITIVE AFFECT

0 = Absent

2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.

3 = Affect is felt to be lost in almost all activities.

CLG2I01 Intensity

CLG2O01 Onset

/ /

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 NEGATIVE AFFECT

0 = Absent

2 = Loss of affect in at least 2 activities and uncontrollable at least some of the time.

3 = Affect is felt to be lost in almost all activities.

CLG3I01 Intensity

CLG3O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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 POSITIVE EMOTIONAL EXPRESSION

0 = Absent

2 = Less able or willing to talk about or show emotions, or to discuss topics with emotional content or which stimulate emotions.

3 = Almost always unable or unwilling to talk about or show emotions or to discuss topics with emotional content or which stimulate emotions.

CLG4I01
Intensity

CLG4O01
Onset
/ /

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 NEGATIVE EMOTIONAL EXPRESSION

0 = Absent

2 = Less able or willing to talk about or show emotions, or to discuss topics with emotional content or which stimulate emotions.

3 = Almost always unable or unwilling to talk about or show emotions or to discuss topics with emotional content or which stimulate emotions.

CLG5I01
Intensity

CLG5O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

PLAY RECAPITULATING "LIFE EVENT"

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.

CLG6I01 Intensity

CLG6O01 Onset / /

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"?

EVER: DANGEROUS ACTIVITIES

0 = No

2 = Yes

CLG7I01 Intensity

CLG7O01 Onset / /

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?

INCREASED ATTENTION TO RELIGION

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.

CLG8I01 Intensity

CLG8O01 Onset / /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

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.

CLG9I01
Intensity
[ ]

CLG9O01
Onset
[/ /]

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?

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.

CLH0I01
Intensity
[ ]

CLH0O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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.

SURVIVOR GUILT

0 = Absent

2 = Present

CLH1I01
Intensity

CLH1O01
Onset
/ /

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?

REVENGE FANTASIES

0 = Absent

2 = Present

CLH2I01
Intensity

CLH2O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

CHANGED EXPECTATIONS OF LONG-TERM FUTURE

0 = Absent

2 = 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.

3 = Does not expect to survive to adulthood.

Codes

CLH3I01
Intensity

CLH3O01
Onset

/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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

CJA0I01 Intensity

CJA0F01 Frequency

CJA0D01 Duration

CJA0O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions

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.

HOURS : MINUTES

Codes

CJA1I01
Intensity

CJA1F01
Frequency

CJA1D01
Duration

CJA1O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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 occuring 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 occuring 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

PRESENT 2

0 = Absent

2 = Present

HOURS : MINUTES

CAJ2I01
Intensity

CJA2F01
Frequency

CJA2D01
Duration

CJA2O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
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?***		

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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

0 = Absent

2 = Present

CJA3I01
Intensity

CJA3O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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.**).**

DELUSIONS AND DELUSIONAL INTERPRETATION

0 = Absent

2 = Present

CJA4I01
Intensity

CJA4O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
PERCEPTUAL DISORDERS AND HALLUCINATIONS SCREEN		
	PERCEPTUAL DISORDERS SCREEN POSITIVE 0 = No 2 = Yes	CJA2I01 Intensity
PSYCHOTIC ABNORMALITIES IN THOUGHT PROCESSES		
	PSYCHOTIC ABNORMALITIES IN THOUGHT SCREEN POSITIVE 0 = No 2 = Yes	CJA3I01 Intensity
DELUSIONS		
	DELUSIONS SCREEN POSITIVE 0 = No 2 = Yes	CJA4I01 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

CHANGES IN PERCEPTION

ALWAYS WRITE DOWN AN EXAMPLE OF ANY SYMPTOM ELICITED

DEJA VU/DEJA VECU

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.

DEJA VU/DEJA VECU

0 = Absent

2 = Present

HOURS : MINUTES

CJB0I01 Intensity

CJB0F01 Frequency

CJB0D01 Duration

CJB0O01 Onset

/ /

JAMAIS VU/JAMAIS VECU

The subject feels that a familiar situation is unfamilar, but knows this feeling to be inaccurate.

JAMAIS VU/JAMAIS VECU

0 = Absent

2 = Present

HOURS : MINUTES

CJB1I01 Intensity

CJB1F01 Frequency

CJB1D01 Duration

CJB1O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions

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.

Coding rules

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.

HOURS : MINUTES

Codes

CJB2I99
Intensity

CJB2I01

CJB2I02

CJB2I03

CJB2F01
Frequency

CJB2D01
Duration

CJB2O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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.

CHANGED PERCEPTION OF TIME

0 = Absent

2 = The symptom has quite clearly and definitely been present during the past 3 months, even if briefly.

CJB3I01
Intensity

CJB3F01
Frequency

HOURS : MINUTES

CJB3D01
Duration

CJB3O01
Onset
/ /

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.

DELUSIONAL MOOD

0 = Absent

2 = The subject definitely describes symptom, but no delusions have actually been formulated, though the subject may feel various delusional explanations are possible.

3 = Delusional crystallization has been present during the past 3 months.

HOURS : MINUTES

CJB4I01
Intensity

CJB4D01
Duration

CJB4O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

HALLUCINATIONS

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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.

CJB5I01 Intensity

[ ]

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

CJB6I01 Intensity

[ ]

CJB6F01 Frequency

[ ]

HOURS : MINUTES

CJB6D01 Duration

[ ]

CJB6O01 Onset

[/ /]

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 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.

CJB7I01 Intensity

CJB7F01 Frequency

HOURS : MINUTES

CJB7D01

CJB7O01 Onset

/ /

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.

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.

CJB8I01 Intensity

CJB8F01 Frequency

HOURS : MINUTES

CJB8D01

CJB8O01 Onset

/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

LOCATION OF AUDITORY HALLUCINATIONS EXPERIENCES

TRUE AUDITORY HALLUCINATIONS

Experience as occurring in the outside world.

TRUE AUDITORY HALLUCINATIONS

0 = Absent

2 = Present

CJB9I01
Intensity

AUDITORY PSEUDOHALLUCINATIONS

Experienced as occurring in the subject's head or mind, but still has the other qualities of a perception.

(Both may be present)

AUDITORY HALLUCINATIONS

0 = Absent

2 = Present

CJB9I02
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 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.

CJC0I01
Intensity
[ ]

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.

HALLUCINATIONS SPECIFICALLY ASSOCIATED WITH BEREAVEMENT

0 = Absent

2 = Present

CJC0I01
Intensity
[ ]

CJC1F01
Frequency
[ ]

HOURS : MINUTES

CJC1D01
[ ]

CJC1O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

LOCATION OF VISUAL HALLUCINATORY EXPERIENCES

TRUE VISUAL HALLUCINATIONS

Experienced as occurring in the outside world in clear consciousness.

TRUE VISUAL HALLUCINATIONS

0 = Absent

2 = Present

CJC2I01
Intensity
[ ]

VISUAL PSEUDOHALLUCINATIONS

Experienced as occurring inside the subject's head or mind but still has the other qualities of a perception. In clear consciousness.

VISUAL PSEUDOHALLUCINATIONS

0 = Absent

2 = Present

CJC2I02
Intensity
[ ]

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 OCCURING ONLY AS PART OF A SEIZURE

0 = Absent

2 = Subject simply sees formless images, shadows or colored light.

3 = Subject seens objects, people, images that other people cannot see.

CJC3I01
Intensity
[ ]

CJC3O01
Onset
[/ /]

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.

HALLUCINATIONS OCCURRING ONLY IN A CLOUDED SENSORIUM

0 = Absent

2 = Subject simply sees formless images, shadows or colored lights.

3 = Subject sees objects, people, images that other people cannot see.

CJC4I01
Intensity
[ ]

CJC4O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions

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.

Coding rules

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.

HOURS : MINUTES

Codes

CJC5I01
Intensity
[ ]

CJC5F01
Frequency
[ ]

CJC5D01
[ ]

CJC5O01
Onset
[/ /]

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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.

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.

CJC6I01
Intensity

CJC6F01
Frequency

HOURS : MINUTES

CJC6D01
Duration

CJC6O01
Onset
/ /

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.

OTHER HALLUCINATIONS

0 = Absent

2 = The subject does not delusionally elaborate.

3 = There is delusional elaboration.

CJC7I01
Intensity

CJC7F01
Frequency

HOURS : MINUTES

CJC7D01
Duration

CJC7O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
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.	**THOUGHT INTRUSION/INSERTION** 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.	CJC8I01 Intensity ☐
THOUGHT BROADCAST OR THOUGHT SHARING Thought broadcating is only rated when the subject actually experiences his/her thoughts being shared by others. If thoughts are repeated, rate as "Thought Echo".	**THOUGHT BROADCAST OR THOUGHT SHARING** 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.	CJC9I01 Intensity ☐
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.	**THOUGHT ECHO OR COMMENTARY** 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)	CJD0I01 Intensity ☐
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.	**THOUGHT BLOCK OR THOUGHT WITHDRAWAL** 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.	CJD1I01 Intensity ☐

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 THOUGHTS BEING READ

0 = Absent

2 = Subject seriously entertains the possibility that his/her thoughts might be read, but is not certain aboutit.

3 = Delusional conviction.

CJD2I01 Intensity

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 CONTROL

0 = Absent

2 = Partial delusion

3 = Full delusional conviction

CJD3I01 Intensity

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 REFERENCE

0 = Absent

2 = Partial delusion

3 = Full delusional conviction

CJD4I01 Intensity

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
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 PERSECUTION** 0 = Absent 2 = Partial delusion 3 = Full delusional conviction	CJD5I01 Intensity
DELUSIONS OF ASSISTANCE The subject believes that someone, or some organization, or some force or power, is trying to help him/her.	**DELUSIONS OF ASSISTANCE** 0 = Absent 2 = Partial delusion 3 = Full delusional conviction	CJD6I01 Intensity
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 GUILT** 0 = Absent 2 = Subject may have a fluctuating awareness that his/her feelings are an exaggeration of normal guilt. 3 = The subject has a full delusional conviction that s/he has sinned greatly, etc.	CJD7I01 Intensity
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.	**DELUSIONS OF DEPERSONALIZATION OR NIHILISM** 0 = Absent 2 = Partial delusion 3 = Full delusional conviction	CJD8I01 Intensity
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.	**HYPOCHONDRIACAL DELUSIONS** 0 = Absent 2 = Partial delusion 3 = Full delusional conviction	CJD9I01 Intensity

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
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.	**SIMPLE DELUSION CONCERNING APPEARANCE** 0 = Absent 2 = Partial delusion 3 = Full delusional conviction	CJE0I01 Intensity ☐
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.	**DELUSIONS OF GRANDIOSE ABILITY OR IDENTITY** 0 = Absent 2 = Partial delusion 3 = Full delusional conviction	CJE1I01 Intensity ☐
DELUSIONAL EXPLANATIONS Include here any delusional explanation or elaboration of other abnormal experiences, e.g., explanations of Thought Broadcast in terms of occult phenomena.	**DELUSIONAL EXPLANATIONS** 0 = Absent 2 = Partial delusion 3 = Full delusional conviction	CJE2I01 Intensity ☐
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.	**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.	CJE3I01 Intensity ☐

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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.

DELUSIONAL MATERIAL NOT SPECIFIED ELSEWHERE

0 = Absent

2 = Partial delusion

3 = Full delusional conviction

CJE4I01
Intensity

ONSET OF DELUSIONS

Code date of onset of first delusional experience.

ANY DELUSIONS PRESENT

0 = Absent

2 = Present

CJE5I99
Intensity

CJE5O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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.

CJA5I01 Intensity

PEOCCUPATION WITH DELUSIONS AND HALLUCINATIONS

PREOCCUPATIONS WITH DELUSIONS AND HALLUCINATIONS

0 = Absent

2 = At least sometimes uncontrollably preoccupied with delusions or hallucinations in at least 2 activities.

3 = Uncontollably preoccupied with delusions or hallucinations in most activities.

CJA6I01 Intensity

ACTING UPON DELUSIONS OR HALLUCINATIONS

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.

CJA7I01 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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.

THEMATIC CONSISTENCY OF DELUSIONS OR HALLUCINATIONS WITH MOOD DISTURBANCE

2 = Partially mood congruent.

3 = Almost always mood congruent.

CJA8I01 Intensity

ASSOCIATED MOOD: DEPRESSED

0 = Absent

2 = Present

CJA8I02

ASSOCIATED MOOD: ELATED

0 = Absent

2 = Present

CJA8I03

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)?

TEMPORAL CO-0CCURENCE OF DELUSIONS OR HALLUCINATIONS WITH MOOD DISORDER

2 = Partial temporal co-occurence.

3 = Delusions/hallucinations only present in association with mood disorder.

CJA9I01 Intensity

ASSOCIATED MOOD: DEPRESSED

0 = Absent

2 = Present

CJA9I02

ASSOCIATED MOOD: ELATED

0 = Absent

2 = Present

CJA9I03

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 REVIEW ONLY

Definitions and questions	Coding rules	Codes
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.***		

PREVIEW ONLY

Definitions and questions | Coding rules | Codes

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

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
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.***		

FOR REVIEW ONLY

Definitions and questions

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

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

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

Codes

CMA0I90
Intensity

CMA0I01

CMA0I02

CMA0X03

CMA0X04

CMA0X05

CMA0X06

CMA0X07

CMA0X08

CMA0X09

CMA0X10

CMA0X11

CMA0X12

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

CMA0X13

CMA0X14

CMA0X15

CMA0X16

CMA0X17

CMA0X18

CMA0X19

CMA0X20

CMA0X21

CMA0X22

ONSET OF FIRST PARTIAL INCAPACITY CMA0O01

/ /

ONSET OF FIRST SEVERE INCAPACITY CMA0O02

/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

PROBLEMS WITH PARENTAL RELATIONSHIP - PARENT #2

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

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

Codes

CMA1I90
Intensity

CMA1I01

CMA1I02

CMA1X03

CMA1X04

CMA1X05

CMA1X06

CMA1X07

CMA1X08

CMA1X09

CMA1X10

CMA1X11

CMA1X12

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
		CMA1X13
		CMA1X14
		CMA1X15
		CMA1X16
		CMA1X17
		CMA1X18
		CMA1X19
		CMA1X20
		CMA1X21
		CMA1X22
	ONSET OF FIRST PARTIAL INCAPACITY	CMA1O01 / /
	ONSET OF FIRST SEVERE INCAPACITY	CMA1O02 / /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

PROBLEMS WITH PARENTAL RELATIONSHIP - OTHER PARENT #1

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

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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

Codes

CMA2I90
Intensity

CMA2I01

CMA2I02

CMA2X03

CMA2X04

CMA2X05

CMA2X06

CMA2X07

CMA2X08

CMA2X09

CMA2X10

CMA2X11

CMA2X12

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

CMA2X13

CMA2X14

CMA2X15

CMA2X16

CMA2X17

CMA2X18

CMA2X19

CMA2X20

CMA2X21

CMA2X22

ONSET OF FIRST PARTIAL INCAPACITY CMA2O01

/ /

ONSET OF FIRST SEVERE INCAPACITY CMA2O02

/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

PROBLEMS WITH PARENTAL RELATIONSHIP - OTHER PARENT #2

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

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

Codes

CMA3I90 Intensity

CMA3I01

CMA3I02

CMA3X03

CMA3X04

CMA3X05

CMA3X06

CMA3X07

CMA3X08

CMA3X09

CMA3X10

CMA3X11

CMA3X12

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

IF NO CHILDREN IN HOUSEHOLD, SKIP TO "SIBLING RELATIONSHIPS: OUT OF HOME", (PAGE 15).

CMA3X13

CMA3X14

CMA3X15

CMA3X16

CMA3X17

CMA3X18

CMA3X19

CMA3X20

CMA3X21

CMA3X22

ONSET OF FIRST PARTIAL ICAPACITY CMA3O01 / /

ONSET OF FIRST SEVERE INCAPACITY CMA3O02 / /

FOR REVIEW ONLY

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?

Coding rules

PROBLEMS WITH SIBLING RELATIONSHIPS - IN HOME

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

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

Codes

CMA4I90 Intensity

CMA4I01

CMA4I02

CMA4X03

CMA4X04

CMA4X05

CMA4X06

CMA4X07

CMA4X08

CMA4X09

CMA4X10

CMA4X11

CMA4X12

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

CMA4X13

CMA4X14

CMA4X15

CMA4X16

CMA4X17

CMA4X18

CMA4X19

CMA4X20

CMA4X21

CMA4X22

ONSET OF FIRST PARTIAL INCAPACITY CMA4O01 / /

ONSET OF FIRST SEVERE INCAPACITY CMA4O02 / /

IF NO SIBLINGS OUT OF HOME, SKIP TO "CHORES", (PAGE 18).

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?

Coding rules

PROBLEMS WITH SIBLING RELATIONSHIP - OUT OF HOME

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

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

Codes

CMA5I90 Intensity

CMA5I01

CMA5I02

CMA5X03

CMA5X04

CMA5X05

CMA5X06

CMA5X07

CMA5X08

CMA5X09

CMA5X10

CMA5X11

CMA5X12

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

CMA5X13

CMA5X14

CMA5X15

CMA5X16

CMA5X17

CMA5X18

CMA5X19

CMA5X20

CMA5X21

CMA5X22

ONSET OF FIRST PARTIAL INCAPACITY CMA5O01

/ /

ONSET OF FIRST SEVERE INCAPACITY CMA5O02

/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

SELF CARE

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

ONSET OF FIRST PARTIAL INCAPACITY - SELF CARE

ONSET OF FIRST SEVERE INCAPACITY

Codes

CMA6I01
Intensity
[ ]

CMA6X02
[ ]

CMA6O01
[/ /]

CMA6O02
[/ /]

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

PROBLEMS WITH COOPERATIVE HELPING

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

Codes

CMA7I90 Intensity

CMA7X02

CMA7X03

CMA7X04

CMA7X05

CMA7X06

CMA7X07

CMA7X08

CMA7X09

CMA7X10

CMA7X11

CMA7X12

CMA7X13

CMA7X14

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

CMA7X15

CMA7X16

CMA7X17

CMA7X18

CMA7X19

CMA7X20

CMA7X21

ONSET OF FIRST PARTIAL INCAPACITY CMA7O01

/ /

ONSET OF FIRST SEVERE INCAPACITY CMA7O02

/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

HOMEWORK

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

ONSET OF FIRST PARTIAL INCAPACITY

ONSET OF FIRST SEVERE INCAPACITY

Codes

CMA8I01
Intensity
[ ]

CMA8X02
[ ]

CMA8O01
[/ /]

CMA8O02
[/ /]

FOR REVIEW ONLY

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

LEAVING HOUSE

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

Codes

CMA9I01 Intensity

CMA9X02

CMA9X03

CMA9X04

CMA9X05

CMA9X06

CMA9X07

CMA9X08

CMA9X09

CMA9X10

CMA9X11

CMA9X12

CMA9X13

CMA9X14

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
		CMA9X15
		CMA9X16
		CMA9X17
		CMA9X18
		CMA9X19
		CMA9X20
		CMA9X21
	ONSET OF FIRST PARTIAL INCAPACITY	CMA9O01 / /
	ONSET OF FIRST SEVERE INCAPACITY	CMA9O02 / /

FOR REVIEW ONLY

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 do 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?

Coding rules

DAYCARE/SCHOOL PERFORMANCE

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

Codes

CMB0I90 Intensity

CMB0X02

CMB0X03

CMB0X04

CMB0X05

CMB0X06

CMB0X07

CMB0X08

CMB0X09

CMB0X10

CMB0X11

CMB0X12

CMB0X13

CMB0X14

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
		CMB0X15 ☐
		CMB0X16 ☐
		CMB0X17 ☐
		CMB0X18 ☐
		CMB0X19 ☐
		CMB0X20 ☐
		CMB0X21 ☐
	ONSET OF FIRST PARTIAL INCAPACITY	CMB0O01 / /
	ONSET OF FIRST SEVERE INCAPACITY	CMB0O02 / /

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
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?*	**SUSPENSION** 0 = Absent 2 = Present	Ever:CMB1E90 Intensity Ever:CMB1V01 Frequency Ever:CMB1O01 Onset / /
	SUSPENSION IN LAST 3 MONTHS 0 = Absent 2 = Present	CMB1I01 Intensity
	DURATION OF LONGEST SUSPENSION IN LAST 3 MONTHS (IN DAYS)	CMB1D01
	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	Ever:CMB1X02 Ever:CMB1X03 Ever:CMB1X04 Ever:CMB1X05 Ever:CMB1X06 Ever:CMB1X07 Ever:CMB1X08 Ever:CMB1X09 Ever:CMB1X10

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
		Ever:CMB1X11
		Ever:CMB1X12
		Ever:CMB1X13
		Ever:CMB1X14
		Ever:CMB1X15
		Ever:CMB1X16
		Ever:CMB1X17
		Ever:CMB1X18
		Ever:CMB1X19
		Ever:CMB1X20
		Ever:CMB1X21

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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

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

Codes

Ever:CMB2E90
Intensity

Ever:CMB2V01
Frequency

Ever:CMB2O01
Onset
/ /

CMB2I01
Intensity

CMB2D01

Ever:CMB2X02

Ever:CMB2X03

Ever:CMB2X04

Ever:CMB2X05

Ever:CMB2X06

Ever:CMB2X07

Ever:CMB2X08

Ever:CMB2X09

Ever:CMB2X10

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
		Ever:CMB2X11
		Ever:CMB2X12
		Ever:CMB2X13
		Ever:CMB2X14
		Ever:CMB2X15
		Ever:CMB2X16
		Ever:CMB2X17
		Ever:CMB2X18
		Ever:CMB2X19
		Ever:CMB2X20
		Ever:CMB2X21

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

EXPULSION

0 = Absent

2 = Present

DATE OF FIRST EXPULSION

EXPULSION IN LAST 3 MONTHS

0 = Absent

2 = Present

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

Codes

Ever:CMB3E90
Intensity

Ever:CMB3V01
Frequency

Ever:CMB3O01
/ /

CMB3I01
Intensity

Ever:CMB3X02

Ever:CMB3X03

Ever:CMB3X04

Ever:CMB3X05

Ever:CMB3X06

Ever:CMB3X07

Ever:CMB3X08

Ever:CMB3X09

Ever:CMB3X10

Ever:CMB3X11

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
		Ever:CMB3X12
		Ever:CMB3X13
		Ever:CMB3X14
		Ever:CMB3X15
		Ever:CMB3X16
		Ever:CMB3X17
		Ever:CMB3X18
		Ever:CMB3X19
		Ever:CMB3X20
		Ever:CMB3X21

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

PROBLEMS WITH DAYCARE PROVIDER/TEACHER RELATIONSHIPS

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

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

Codes

CMB4I90 Intensity

CMB4I01

CMB4I02

CMB4X03

CMB4X04

CMB4X05

CMB4X06

CMB4X07

CMB4X08

CMB4X09

CMB4X10

CMB4X11

CMB4X12

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

CMB4X13

CMB4X14

CMB4X15

CMB4X16

CMB4X17

CMB4X18

CMB4X19

CMB4X20

CMB4X21

CMB4X22

ONSET OF FIRST PARTIAL INCAPACITY CMB4O01

/ /

ONSET OF FIRST SEVERE INCAPACITY CMB4O02

/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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

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

Codes

CMB5I90 Intensity

CMB5I01

CMB5I02

CMB5X03

CMB5X04

CMB5X05

CMB5X06

CMB5X07

CMB5X08

CMB5X09

CMB5X10

CMB5X11

CMB5X12

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

CMB5X13

CMB5X14

CMB5X15

CMB5X16

CMB5X17

CMB5X18

CMB5X19

CMB5X20

CMB5X21

CMB5X22

ONSET OF FIRST PARTIAL INCAPACITY CMB5O01

/ /

ONSET OF FIRST SEVERE INCAPACITY CMB5O02

/ /

FOR REVIEW ONLY

Definitions and questions

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 I 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/leasiure activities)?

Coding rules

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

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

Codes

CMB6I01 Intensity

CMB6X02

CMB6X03

CMB6X04

CMB6X05

CMB6X06

CMB6X07

CMB6X08

CMB6X09

CMB6X10

CMB6X11

CMB6X12

CMB6X13

CMB6X14

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
		CMB6X15 ☐
		CMB6X16 ☐
		CMB6X17 ☐
		CMB6X18 ☐
		CMB6X19 ☐
		CMB6X20 ☐
		CMB6X21 ☐
	ONSET OF FIRST PARTIAL INCAPACITY	CMB6O01 / /
	ONSET OF FIRST SEVERE INCAPACITY	CMB6O02 / /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

PROBLEMS WITH RELATIONSHIPS WITH ADULTS OUTSIDE THE HOME OR 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

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

Codes

CMB7I90 Intensity

CMB7I01

CMB7I02

CMB7X03

CMB7X04

CMB7X05

CMB7X06

CMB7X07

CMB7X08

CMB7X09

CMB7X10

CMB7X11

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

CMB7X12

CMB7X13

CMB7X14

CMB7X15

CMB7X16

CMB7X17

CMB7X18

CMB7X19

CMB7X20

CMB7X21

CMB7X22

ONSET OF FIRST PARTIAL INCAPACITY CMB7O01

/ /

ONSET OF FIRST SEVERE INCAPACITY CMB7O02

/ /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

PROBLEMS WITH PEER RELATIONSHIPS

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

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

Codes

CMB8I90 Intensity

CMB8I01

CMB8I02

CMB8X03

CMB8X04

CMB8X05

CMB8X06

CMB8X07

CMB8X08

CMB8X09

CMB8X10

CMB8X11

CMB8X12

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

CMB8X13

CMB8X14

CMB8X15

CMB8X16

CMB8X17

CMB8X18

CMB8X19

CMB8X20

CMB8X21

CMB8X22

ONSET OF FIRST PARTIAL INCAPACITY CMB8O01

/ /

ONSET OF FIRST SEVERE INCAPACITY CMB8O02

/ /

FOR REVIEW ONLY

Definitions and questions

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. Ther 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?

Coding rules

EMPLOYMENT

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

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

ONSET OF FIRST PARTIAL INCAPACITY - EMPLOYMENT

Codes

CMB9I90
Intensity

CMB9I01

CMB9I02

CMB9X03

CMB9O01
/ /

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
	ONSET OF FIRST SEVERE INCAPACITY - EMPLOYMENT	CMB9O02 / /

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

Codes

MEDICATION CMC0I90
Intensity
0 = Absent
2 = Present

MINOR TRANQUILIZERS/SEDATIVES CMC0I01
0 = Absent
2 = Present

BEGINNING OF MINOR TRANQUILIZERS/SEDATIVES TREATMENT CMC0O01
/ /

ANTI-PSYCHOTICS/MAJOR TRANQUILIZERS CMC1I01
0 = Absent
2 = Present

BEGINNING OF ANTI-PSYCHOTICS/MAJOR TRANQUILIZERS TREATMENT CMC1O01
/ /

STIMULANTS CMC2I01
0 = Absent
2 = Present

BEGINNING OF STIMULANTS TREATMENT CMC2O01
/ /

STRATERRA (NON-STIMULANT) CMC2I02
0 = Absent
2 = Present

BEGINNING OF STRATTERA (NON-STIMULANT) TREATMENT CMC2O02
/ /

ANTIDEPRESSANTS CMC3I01
0 = Absent
2 = Present

BEGINNING OF ANTIDEPRESSANTS TREATMENT CMC3O01
/ /

LITHIUM CMC4I01
0 = Absent
2 = Present

BEGINNING OF LITHIUM TREATMENT CMC4O01
/ /

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

ANTICONVULSANTS CMC5I01

0 = Absent

2 = Present

BEGINNING OF ANTICONVULSANTS TREATMENT CMC5O01

/ /

ANTIBIOTICS CMF0I01

0 = Absent

2 = Present

BEGINNING OF ANTIBIOTICS TREATMENT CMF0O01

/ /

ASTHMA MEDICATION CMF1I01

0 = Absent

2 = Present

BEGINNING OF ASTHMA MEDICATION TREATMENT CMF1O01

/ /

OTHER CMC6I01

0 = Absent

2 = Present

Specify

BEGINNING OF TREATMENT CMC6O01

/ /

IF ANY MEDICATION TAKEN CONTINUE. OTHERWISE, SKIP TO "OFFSETS", (PAGE 53).

FOR REVIEW ONLY

Definitions and questions

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.

Coding rules

0 = No Medication
1 = Abilify
2 = Accutane
3 = Anafranil (clompramine)
4 = Atarax
5 = Benadryl
6 = Benezedrine
7 = Celexa
8 = Concerta
9 = Cylert
10 = Daytrana
11 = Dexedrine
12 = Effexor
13 = Elivil
14 = Focalin
15 = Gabapentin
16 = Geodon
17 = Lamictal
18 = Lexapro
19 = Lithium
20 = Marplan
21 = Metadate
22 = Norpramin
23 = Paxil
24 = Prednisone
25 = Prozac
26 = Ritalin
27 = Seroquel
28 = Tegretol
29 = Tenex
30 = Tofranil
31 = Topamax
32 = Trileptal
33 = Uniphyl
34 = Valproate
35 = Wellbutrin

Codes

POAAX03
Intensity

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
	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
	NUMBER OF DOSES AT THIS NUMBER OF MG IN 24 HOURS (IF VARIES WITHIN 24 HOURS) - RX 2	POAAF02
		POAAO01 Onset / /
	DOCTOR EXPLANATION 0 = No 2 = Yes	POAAX05
	MENTION OF SIDE EFFECTS 0 = No 2 = Yes	P0AAX07
	NUMBER OF SIDE EFFECTS - RX 1	POAAX08
	CHECKING REACTION TO MEDICATION	POAAX09
	VIEWED MEDICATION BOTTLE 0 = No 2 = Yes	P0AAX10

FOR REVIEW ONLY

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

0 = No Medication

1 = Abilify

2 = Accutane

3 = Anafranil (clompramine)

4 = Atarax

5 = Benadryl

6 = Benezedrine

7 = Celexa

8 = Concerta

9 = Cylert

10 = Daytrana

11 = Dexedrine

12 = Effexor

13 = Elivil

14 = Focalin

15 = Gabapentin

16 = Geodon

17 = Lamictal

18 = Lexapro

19 = Lithium

20 = Marplan

21 = Metadate

22 = Norpramin

23 = Paxil

24 = Prednisone

25 = Prozac

26 = Ritalin

27 = Seroquel

28 = Tegretol

29 = Tenex

30 = Tofranil

31 = Topamax

32 = Trileptal

33 = Uniphyl

34 = Valproate

Codes

POABX03
Intensity
☐

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
	35 = Wellbutrin 36 = Zoloft 37 = Zyrtek 38 = Other Medication.	
	DOSE IN MG - RX 2	POABX01
		POABF01 Frequency
	DOSE IN MG (IF VARIES WITHIN 24 HOURS) - RX 2	POABX02
	NUMBER OF DOSES AT THIS NUMBER OF MG IN 24 HOURS (IF VARIES WITHIN 24 HOURS) - RX 2	POABF02
		POABO01 Onset / /
	DOCTOR EXPLANATION 0 = No 2 = Yes	POABX05
	MENTION OF SIDE EFFECTS 0 = No 2 = Yes	POABX07
	NUMBER OF SIDE EFFECTS - RX 2	POABX08
	CHECKING REACTION TO MEDICATION	POABX09
	VIEWED MEDICATION BOTTLE 0 = No 2 = Yes	POABX10

FOR REVIEW ONLY

Definitions and questions

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.

Coding rules

DETAILED MEDICATION LIST

0 = No Medication

1 = Abilify

2 = Accutane

3 = Anafranil (clompramine)

4 = Atarax

5 = Benadryl

6 = Benezedrine

7 = Celexa

8 = Concerta

9 = Cylert

10 = Daytrana

11 = Dexedrine

12 = Effexor

13 = Elivil

14 = Focalin

15 = Gabapentin

16 = Geodon

17 = Lamictal

18 = Lexapro

19 = Lithium

20 = Marplan

21 = Metadate

22 = Norpramin

23 = Paxil

24 = Prednisone

25 = Prozac

26 = Ritalin

27 = Seroquel

28 = Tegretol

29 = Tenex

30 = Tofranil

31 = Topamax

32 = Trileptal

33 = Uniphyl

34 = Valproate

Codes

POACX03
Intensity

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
	35 = Wellbutrin 36 = Zoloft 37 = Zyrtek 38 = Other Medication.	
	DOSE IN MG - RX 3	POACX01
		POACF01 Frequency
	DOSE IN MG (IF VERIES WITHIN 24 HOURS) - RX 3	POACX02
	NUMBER OF DOSES AT THIS NUMBER OF MG IN 24 HOURS (IF VARIES WITHIN 24 HOURS) - RX 3	POACF02
		POACO01 Onset / /
	DOCTOR EXPLANATION 0 = No 2 = Yes	POACX05
	MENTION OF SIDE EFFECTS 0 = No 2 = Yes	POACX07
	NUMBER OF SIDE EFFECTS - RX 3	POACX08
	CHECKING REACTION TO MEDICATION	POACX09
	VIEWED MEDICATION BOTTLE 0 = No 2 = Yes	POACX10

FOR REVIEW ONLY

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

0 = No Medication
1 = Abilify
2 = Accutane
3 = Anafranil (clompramine)
4 = Atarax
5 = Benadryl
6 = Benezedrine
7 = Celexa
8 = Concerta
9 = Cylert
10 = Daytrana
11 = Dexedrine
12 = Effexor
13 = Elivil
14 = Focalin
15 = Gabapentin
16 = Geodon
17 = Lamictal
18 = Lexapro
19 = Lithium
20 = Marplan
21 = Metadate
22 = Norpramin
23 = Paxil
24 = Prednisone
25 = Prozac
26 = Ritalin
27 = Seroquel
28 = Tegretol
29 = Tenex
30 = Tofranil
31 = Topamax
32 = Trileptal
33 = Uniphyl
34 = Valproate
35 = Wellbutrin

Codes

POADX03 Intensity

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
	36 = Zoloft 37 = Zyrtek 38 = Other Medication.	
	DOSE IN MG - RX 4	POADX01
		POADF01 Frequency
	DOSE IN MG (IF VARIES WITHIN 24 HOURS) - RX 4	POADX02
	NUMBER OF DOSES AT THIS NUMBER OF MG IN 24 HOURS (IF VARIES WITHIN 24 HOURS) - RX 4	POADF02
		POADO01 Onset / /
	DOCTOR EXPLANATION 0 = No 2 = Yes	POADX05
	MENTION OF SIDE EFFECTS 0 = No 2 = Yes	POADX07
	NUMBER OF SIDE EFFECTS - RX 4	POADX08
	CHECKING REACTION TO MEDICATION	POADX09
	VIEWED MEDICATION BOTTLE 0 = No 2 = Yes	POADX10

FOR REVIEW ONLY

Definitions and questions

OFFSETS

Code here if symptoms coded in the symptom section have ceased within the 3 months primary period.

CODE HERE IF SYMPTOMS CODED IN THE SYMPTOM SECTION HAVE CEASED WITHIN THE 3 MONTHS PRIMARY PERIOD.

SCHOOL NON-ATTENDANCE OFFSET

Coding rules

PRESENT 2

0 = Absent

2 = Present

Codes

CMC7XYZ 00
Intensity

CMC7O01
Onset

SEPARATION ANXIETY	CMC7O02
WORRIES/ANXIETY	CMC7O03
OBSESSIONS/COMPULSIONS	CMC7O04
DEPRESSION	CMC7O05
MANIA	CMC7O06
PHYSICAL SYMPTOMS	CMC7O07
FOOD-RELATED BEHAVIOR	CMC7O08
HYPERACTIVITY	CMC7O19
CONDUCT DISORDER	CMC7O09
ALCOHOL/DRUGS	CMC7O10
SMOKING CIGARETTES	CMC7O18
PSYCHOSIS	CMC7O11

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

RELATIONSHIPS WITH PARENT #1 AND/OR PARENT #2

CMC7O12

/ /

RELATIONSHIPS WITH OTHER PARENT #1 AND/OR OTHER PARENT #2

CMC7O13

/ /

RELATIONSHIPS WITH OTHER ADULTS

CMC7O14

/ /

SIBLING RELATIONSHIPS

CMC7O15

/ /

PEER RELATIONSHIPS

CMC7O16

/ /

LIFE EVENTS/POST-TRAUMATIC STRESS

CMC7O17

/ /

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

ENDING 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)

PMC8I90 Intensity

0 = Absent

2 = Present

PROBLEMS WITH:

PMC8X01

1 = School Non-Attendance

PMC8X02

2 = Separation Anxiety

3 = Worries/Anxieties

PMC8X03

4 = Obsessions/Compulsions

5 = Depression

PMC8X04

6 = Mania

7 = Physical Symptoms

PMC8X05

8 = Food-Related Behavior

9 = Hyperactivity

13 = Conduct

PMC8X06

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

FOR REVIEW ONLY

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?

Coding rules

HELP NEEDED

0 = Absent

2 = Present

HELP NEEDED 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

Codes

PMC9I90
Intensity

PMC9X01

PMC9X02

PMC9X03

PMC9X04

PMC9X05

PMC9X06

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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.

PSYCHIATRIC HOSPITAL

0 = No

2 = Yes

Ever:CNA0E01
Intensity
[ ]

Ever:CNA0O01
Onset
[/ /]

LAST 3 MONTHS

0 = No

2 = Yes

CNA0I01
Intensity
[ ]

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?

GENERAL HOSPITAL PSYCHIATRIC UNIT

0 = No

2 = Yes

Ever:CNA1E01
Intensity
[ ]

Ever:CNA1O01
Onset
[/ /]

LAST 3 MONTHS

0 = No

2 = Yes

CNA1I01
Intensity
[ ]

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
DETOX UNIT OR INPATIENT DRUG/ALCOHOL UNIT ***An inpatient alcohol or drug treatment unit?*** ***Or an inpatient detoxification unit?***	**DETOX UNIT OR INPATIENT DRUG/ALCOHOL UNIT** 0 = No 2 = Yes	Ever:CNA2E01 Intensity Ever:CNA2O01 Onset / /
	LAST 3 MONTHS 0 = No 2 = Yes	CNA2I01 Intensity
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?*	**HOSPITAL MEDICAL I/P UNIT** 0 = No 2 = Yes	Ever:CNA3E01 Intensity Ever:CNA3O01 Onset / /
	LAST 3 MONTHS 0 = No 2 = Yes	CNA3I01 Intensity
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?*	**RESIDENTIAL TREATMENT CENTER** 0 = No 2 = Yes	Ever:CNA4E01 Intensity Ever:CNA4O01 Onset / /
	LAST 3 MONTHS 0 = No 2 = Yes	CNA4I01 Intensity

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
DETENTION CENTER/TRAINING SCHOOL/JAIL		
Have you ever been in a detention center or training school?	**DETENTION CENTER/TRAINING SCHOOL/JAIL** 0 = No 2 = Yes	Ever:CNA5E01 Intensity
In jail or prison?		
How many times? *Have you been there in the last 3 months?* *When was the first time?*		Ever:CNA5O01 Onset / /
	LAST 3 MONTHS 0 = No 2 = Yes	CNA5I01 Intensity
GROUP HOME/EMERGENCY SHELTER		
Have you ever been in a group home?	**GROUP HOME/EMERGENCY SHELTER** 0 = No 2 = Yes	Ever:CNA6E01 Intensity
Or an emergency shelter?		
Where was that? *Have you been there in the last 3 months?* *When was the first time?*		Ever:CNA6O01 Onset / /
	LAST 3 MONTHS 0 = No 2 = Yes	CNA6I01 Intensity
THERAPEUTIC FOSTER CARE		
Have you been in therapeutic foster care?	**THERAPEUTIC FOSTER CARE** 0 = No 2 = Yes	Ever:CNA7E01 Intensity
Where foster parents had been trained to provide care?		Ever:CNA7O01 Onset / /
	LAST 3 MONTHS 0 = No 2 = Yes	CNA7I01 Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

BOARDING SCHOOL

0 = No

2 = Yes

Ever:CNA8E01

Ever:CNA8O01
Onset
/ /

LAST THREE MONTHS

0 = No

2 = Yes

Ever:CNA8I01
Intensity

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?

DAY HOSPITAL/PARTIAL HOSPITALIZATION

0 = No

2 = Yes

Ever:CNA9E01
Intensity

Ever:CNA9O01
Onset
/ /

LAST 3 MONTHS

0 = No

2 = Yes

CNA9I01
Intensity

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?

OUTPATIENT DRUG OR ALCOHOL CLINIC

0 = No

2 = Yes

Ever:CNB0E01
Intensity

Ever:CNB0O01
Onset
/ /

LAST 3 MONTHS

0 = No

2 = Yes

CNB0I01
Intensity

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
MENTAL HEALTH CENTER ***A mental health center?***	**MENTAL HEALTH CENTER** 0 = No 2 = Yes	Ever:CNB1E01 Intensity [ ] Ever:CNB1O01 Onset [/ /]
	LAST 3 MONTHS 0 = No 2 = Yes	CNB1I01 Intensity [ ]
COMMUNITY HEALTH CENTER ***A community health center?*** *Have you been in the last 3 months?* *When did you first go there?*	**COMMUNITY HEALTH CENTER** 0 = No 2 = Yes	Ever:CNB2E01 Intensity [ ] Ever:CNB2O01 Onset [/ /]
	LAST 3 MONTHS 0 = No 2 = Yes	CNB2I01 Intensity [ ]
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?*	**CRISIS CENTER** 0 = No 2 = Yes	Ever:CNB3E01 Intensity [ ] Ever:CNB3O01 Onset [/ /]
	LAST 3 MONTHS 0 = No 2 = Yes	CNB3I01 Intensity [ ]

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

IN-HOME COUNSELING/CRISIS SERVICES

0 = No

2 = Yes

Ever:CNB4E01
Intensity

Ever:CNB4O01
Onset
/ /

LAST 3 MONTHS

0 = No

2 = Yes

CNB4I01
Intensity

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?

PRIVATE PROFESSIONAL TREATMENT

0 = No

2 = Yes

Ever:CNB5E01
Intensity

Ever:CNB5O01
Onset
/ /

LAST 3 MONTHS

0 = No

2 = Yes

CNB5I01
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

SCHOOL GUILDANCE 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?

SCHOOL GUIDANCE COUNSELOR/SCHOOL PSYCHOLOGIST/SCHOOL SOCIAL WORKER

0 = No

2 = Yes

Ever:CBP0E01
Intensity

Ever:CBP0O01
Onset
/ /

LAST 3 MONTHS

0 = No

2 = Yes

Specify

CBP0I01
Intensity

SPECIAL CLASS (BEHAVIORALLY OR EMOTIONALLY HANDICAPPED)

Have you been in any special classes?

Was it for emotional or behavioral reasons?

SPECIAL CLASS (BEHAVIORALLY OR EMOTIONALLY HANDICAPPED)

0 = No

2 = Yes

Ever:CNB7E01
Intensity

Ever:CNB7O01
Onset
/ /

LAST 3 MONTHS

0 = No

2 = Yes

Specify

CNB7I01
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | 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?

SPECIAL CLASS (LEARNING DISABILITIES/MR)

0 = No

2 = Yes

Ever:CND0E01
Intensity

Ever:CND0O01
Onset
/ /

LAST 3 MONTHS

0 = No

2 = Yes

Specify

CND0I01
Intensity

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?

SCHOOL TEACHER

0 = No

2 = Yes

Ever:CND7E01
Intensity

Ever:CND7O01
Onset
/ /

LAST 3 MONTHS

0 = No

2 = Yes

CND7I01
Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

SCHOOL NURSE

Or a school nurse?

In the last 3 months?
When was the first time?

SCHOOL NURSE

0 = No

2 = Yes

Ever:CND8E01 Intensity

Ever:CND8O01 Onset

/ /

LAST 3 MONTHS

0 = No

2 = Yes

CND8I01 Intensity

EDUCATIONAL TUTORING

Have you had educational tutoring (outside of a special class)?

By whom?
What was it for?

EDUCATIONAL TUTORING

0 = No

2 = Yes

Ever:CND1E01 Intensity

Ever:CND1O01 Onset

/ /

LAST 3 MONTHS

0 = No

2 = Yes

CND1I01 Intensity

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?

SOCIAL SERVICES

0 = No

2 = Yes

Ever:CNB8E01 Intensity

Ever:CNB8O01 Onset

/ /

LAST 3 MONTHS

0 = No

2 = Yes

CNB8I01 Intensity

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
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?*	**PROBATION OFFICER/JUVENILE CORRECTION COUNSELOR** 0 = No 2 = Yes	Ever:CNB9E01 Intensity [ ] Ever:CNB9O01 Onset [/ /] **LAST 3 MONTHS** CNB9I01 Intensity [ ] 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?*	**FAMILY DOCTOR/OTHER MD** 0 = No 2 = Yes	Ever:CNC0E01 Intensity [ ] Ever:CNC0O01 Onset [/ /] **LAST 3 MONTHS** CNC0I01 Intensity [ ] 0 = No 2 = Yes
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?*	**HOSPITAL EMERGENCY ROOM** 0 = No 2 = Yes	Ever:CNC1E01 Intensity [ ] Ever:CNC1O01 Onset [/ /] **LAST 3 MONTHS** CNC1I01 Intensity [ ] 0 = No 2 = Yes

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

RELIGIOUS COUNSELOR

0 = No

2 = Yes

Ever:CNC2E01
Intensity
[ ]

Ever:CNC2O01
Onset
[/ /]

LAST 3 MONTHS

0 = No

2 = Yes

CNC2I01
Intensity
[ ]

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?

ALTERNATIVE PRACTITIONER/OTHER HEALER

0 = No

2 = Yes

Ever:CNC3E01
Intensity
[ ]

Ever:CNC3O01
Onset
[/ /]

LAST 3 MONTHS

0 = No

2 = Yes

CNC3I01
Intensity
[ ]

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 treatmetn of help, such as:

A crisis hotline?
When did you first (go there)?
Have you called in the last 3 months?

CRISIS HOTLINE
0 = No
2 = Yes

Ever:CNC4E01
Intensity
[ ]

Ever:CNC4O01
Onset
[/ /]

LAST 3 MONTHS
0 = No
2 = Yes

CNC4I01
Intensity
[ ]

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)?

SELF-HELP GROUP
0 = No
2 = Yes

Ever:CNC5E01
Intensity
[ ]

Ever:CNC5O01
Onset
[/ /]

LAST 3 MONTHS
0 = No
2 = Yes

CNC5I01
Intensity
[ ]

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?

INTERNET SUPPORT GROUP
0 = No
2 = Yes

Ever:ISG0E01
Intensity
[ ]

Ever:ISG0O01
Onset
[/ /]

LAST 3 MONTHS
0 = No
2 = Yes

ISG0I01
Intensity
[ ]

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

HELP FROM RELATIVES
0 = No
2 = Yes

Ever:CNC6E01 Intensity

Ever:CNC6O01 Onset / /

LAST 3 MONTHS
0 = No
2 = Yes

CNC6I01 Intensity

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 RELATIVES
0 = No
2 = Yes

Ever:CNC7E01 Intensity

Ever:CNC7O01 Onset / /

LAST 3 MONTHS
0 = No
2 = Yes

CNC7I01 Intensity

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?

HELP FROM FRIENDS
0 = No
2 = Yes

Ever:CNC8E01 Intensity

Ever:CNC8O01 Onset / /

HELP FROM FRIENDS
0 = No
2 = Yes

CNC8I01 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

SPECIAL SERVICES AT SCHOOL

0 = No

2 = Yes

Ever:CND2I01 Intensity [ ]

LAST 3 MONTHS

0 = No

2 = Yes

CND2I02 Intensity [ ]

DEPARTMENT OF SOCIAL SERVICES

Have you received any services from DSS (The Department of Social Services)?

In the last 3 months?

DEPARTMENT OF SOCIAL SERVICES

0 = No

2 = Yes

Ever:CND3I01 Intensity [ ]

LAST 3 MONTHS

0 = No

2 = Yes

CND3I02 Intensity [ ]

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
CONTACT WITH COURT OR JUVENILE JUSTICE		
Have you had any contact with the court or juvenile justice services?	**CONTACT WITH COURT OR JUVENILE JUSTICE**	Ever:CND4I01 Intensity
In the last 3 months?	0 = No 2 = Yes	
	LAST 3 MONTHS	CND4I02 Intensity
	0 = No 2 = Yes	
HEALTH PROVIDER		
Have you made a visit to a health provider (e.g. family doctor, health center, clinic, ER)?	**HEALTH PROVIDER**	Ever:CND5I01 Intensity
Have you been in the last 3 months?	0 = No 2 = Yes	
	LAST 3 MONTHS	CND5I02 Intensity
	0 = No 2 = Yes	
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)?	**MENTAL HEALTH SERVICES FOR OTHER THAN CHILD'S OWN PROBLEMS**	Ever:CND6I01 Intensity
Have you been in the last 3 months?	0 = No 2 = Yes	
	LAST 3 MONTHS	CND6I02 Intensity
	0 = No 2 = Yes	

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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 COA0X0Z 00
Intensity

0 = Absent

2 = Present

OVERNIGHT/INPATIENT COA0X99

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 COA0X98

0 = Absent

1 = Partial hospitalization/day program

2 = Drug/Alcohol

3 = Mental health center/Clinic

4 = Communiy 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 COA0X95
Intensity

0 = No

2 = Yes

FOR REVIEW ONLY

Definitions and questions

TREATMENT SETTING - PROFESSIONAL/NON-PROFESSIONAL HELP

Where did you go/whom did you see?

Coding rules

TREATMENT SETTING

0 = Absent

2 = Present

OTHER PROFESSIONAL HELP

0 = Absent

1 = School guidance counselor/school psychologist; school social worker

2 = Special class/BEH

3 = Social services

4 = Probation officer/juenile correctional counselor

5 = Family doctor/Other MD

6 = Hospital ER

7 = Religious counselor

8 = Other healer/lternative 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

Codes

COA0X0X 00
Intensity

COA0X97

COA0X96

FOR REVIEW ONLY

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

Coding rules

ATTENDED TREATMENT SETTING

0 = Absent

2 = Present

FOCUS OF TREATMENT

0 = Absent

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, #2

14 = Relationships with Other Parent #1, #2

15 = Relationships with other adults

16 = Sibling relationships

17 = Peer relationships

18 = Post-Traumatic Stress

19 = Psychological testing/evaluation

20 = Follow-Up care

21 = Other

LENGTH OF VISIT (FORM 1)

Codes

COA0XYZ 00
Intensity

COA0X03

COA0X04

COA0X05

COA0F01
Frequency

COA0D01

COA0O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

IF INPATIENT, OUTPATIENT OR FAMILY DOCTOR/OTHER MD, CONTINUE. OTHERWISE, SKIP TO "FORMAT OF SERVICE CONTACT (FORM 2)", (PAGE 5).

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

Codes

COA6I01

COA6O01

/ /

COA6X01

FOR REVIEW ONLY

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?

Coding rules

FORMAT OF SERVICE CONTACT

0 = No

2 = Yes

ASSESSMENT/EVALUATION/TESTING

0 = No

2 = Yes

INDIVIDUAL THERAPY FOR CHILD

0 = No

2 = Yes

GROUP THERAPY

0 = No

2 = Yes

FAMILY THERAPY

0 = No

2 = Yes

COUNSELING FOR PARENT AND/OR PARTNER

0 = No

2 = Yes

FAMILY GROUP

0 = No

2 = Yes

CASE MANAGEMENT

0 = No

2 = Yes

CONTACTED SCHOOL

0 = No

2 = Yes

CONTACTED OTHER SERVICES OR AGENCIES

0 = No

2 = Yes

Codes

COA7X01 Intensity

COA7I01

COA7I03

COA7I04

COA7I07

COA7I08

COA7I06

COA7I09

COA7I11

COA7I12

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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.

PARENTAL INVOLVEMENT

0 = Adequate involvement.

2 = Parent feels his/her involvement was insufficient.

3 = Parent feels his/her involvement was too extensive.

COA1X01 Intensity

COA1F01 Frequency

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?

OTHER FAMILY INVOLVEMENT

0 = Adequate involvement.

2 = Parent feels his/her involvement was insufficient.

3 = Parent feels his/her involvement was too extensive.

COA2X01 Intensity

COA2F01 Frequency

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

TREATMENT APPROACHES

0 = No

2 = Yes

KEEP DIARY

0 = No

2 = Yes

REWARDS

0 = No

2 = Yes

BEHAVIORAL CONTRACT

0 = No

2 = Yes

"HOMEWORK"

0 = No

2 = Yes

"TIME - OUTS"

0 = No

2 = Yes

MANAGE BEHAVIOR

0 = No

2 = Yes

RELAXING

0 = No

2 = Yes

THOUGHTS AFFECTING BEHAVIOR

0 = No

2 = Yes

SOCIAL SKILLS

0 = No

2 = Yes

COPING WITH DEPRESSION

0 = No

2 = Yes

MEDICATIONS

0 = No

Codes

COA8XYZ 00
Intensity

COA8I01

COA8I02

COA8I03

COA8I04

COA8I05

COA8I06

COA8I07

COA8I08

COA8I09

COA8I10

COA8I11

FOR REVIEW ONLY

Definitions and questions

Coding rules

2 = Yes

STILL TAKING

0 = No

2 = Yes

Codes

COA8I12

COA8O01
Onset

/ /

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
RELATIONSHIP WITH PROVIDER *I am now going to read you some statements about your experiences with "therapist/clinic." I want to tell me if each statement is always true, often true, sometimes true, rarely true or never true.*	**RELATIONSHIPS WITH PROVIDER** 0 = No 2 = Yes	POA9XYZ 00 Intensity ☐
The "health care provider" does a better job helping me than my parents (caretaker) can.	**ALWAYS/NEVER TRUE** 1 = Always True 2 = Often True 3 = Sometimes True 4 = Rarely True 5 = Never True	POA9I01 ☐
Does not have as much time for me as I would like.	**ALWAYS/NEVER TRUE** 1 = Always True 2 = Often True 3 = Sometimes True 4 = Rarely True 5 = Never True	POA9I02 ☐
Does not understand what I need.	**ALWAYS/NEVER TRUE** 1 = Always True 2 = Often True 3 = Sometimes True 4 = Rarely True 5 = Never True	POA9I03 ☐
Criticizes what my parents (caretaker) do with me.	**ALWAYS/NEVER TRUE** 1 = Always True 2 = Often True 3 = Sometimes True 4 = Rarely True 5 = Never True	POA9I04 ☐
Expects too much from my family and me.	**ALWAYS/NEVER TRUE** 1 = Always True 2 = Often True 3 = Sometimes True 4 = Rarely True 5 = Never True	POA9I05 ☐
Accepts what I have to say when I make recommendations.	**ALWAYS/NEVER TRUE** 1 = Always True	POA9I06 ☐
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.		

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
	2 = Often True	
	3 = Sometimes True	
	4 = Rarely True	
	5 = Never True	
	ALWAYS/NEVER TRUE	POA9I07
	1 = Always True	
	2 = Often True	
	3 = Sometimes True	
	4 = Rarely True	
	5 = Never True	
	ALWAYS/NEVER TRUE	POA9I08
	1 = Always True	
	2 = Often True	
	3 = Sometimes True	
	4 = Rarely True	
	5 = Never True	
	ALWAYS/NEVER TRUE	POA9I09
	1 = Always True	
	2 = Often True	
	3 = Sometimes True	
	4 = Rarely True	
	5 = Never True	
	ALWAYS/NEVER TRUE	POA9I10
	1 = Always True	
	2 = Often True	
	3 = Sometimes True	
	4 = Rarely True	
	5 = Never True	
	ALWAYS/NEVER TRUE	POA9I11
	1 = Always True	
	2 = Often True	
	3 = Sometimes True	
	4 = Rarely True	
	5 = Never True	
	ALWAYS/NEVER TRUE	POA9I12
	1 = Always True	

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
	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	POA9I13
	ALWAYS/NEVER TRUE 1 = Always True 2 = Often True 3 = Sometimes True 4 = Rarely True 5 = Never True	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** 0 = No 2 = Yes	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** 0 = No 2 = Yes	COA4I01 Intensity

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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)?

YES 2

0 = No

2 = Yes

COA4I03
Intensity

PATIENT SATISFACTION

INTERVIEWER: ALWAYS ANSWER YES TO ASK FOLLOWING QUESTIONS.

If you needed a "provider" in the furutre, 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?

PATIENT OPINION

0 = No

2 = Yes

COA5XYZ 00
Intensity

RETURN TO CLINIC

0 = No

2 = Yes

COA5I01

RECOMMEND

0 = No

2 = Yes

COA5I02

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?

PAYMENT

0 = No

2 = Yes

COA3XYZ 00
Intensity

FAMILY OUT-OF-POCKET EXPENSE

0 = Parent or child paid all of cost of services

1 = Parent or child paid some of cost.

2 = Parent or child paid none of cost.

COA3X01

COA3X02
Frequency

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

DETAILED CHILD SERVICES FORM 2
TREATMENT SETTING - INPATIENT/OUTPATIENT (FORM 2)

Where did you go/whom did you see?

TREATMENT SETTING COB0X0Z 00 Intensity

0 = Absent

2 = Present

OVERNIGHT/INPATIENT COB0X99

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 COB0X98

0 = Absent

1 = Partial hospitalization/day program

2 = Drug/Alcohol

3 = Mental health center/Clinic

4 = Communiy 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 COB0X95 Intensity

0 = No

2 = Yes

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

TREATMENT SETTING - PROFESSIONAL/NON-PROFESSIONAL HELP (FORM 2)

Where did you go/whom did you see?

TREATMENT SETTING COB0X0X 00

Intensity

0 = Absent

2 = Present

OTHER PROFESSIONAL HELP COB0X97

0 = Absent

1 = School guidance counselor/school psychologist; school social worker

2 = Special class/BEH

3 = Social services

4 = Probation officer/juenile correctional counselor

5 = Family doctor/Other MD

6 = Hospital ER

7 = Religious counselor

8 = Other healer/lternative practitioner

9 = Special class/LD or MR

10 = Educational tutoring

11 = School Teacher

12 = School Nurse

OTHER NON-PROFESSIONAL HELP COB0X96

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

FOR REVIEW ONLY

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

Coding rules

ATTENDED TREATMENT SETTING

0 = Absent

2 = Present

FOCUS OF TREATMENT

0 = Absent

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, #2

14 = Relationships with Other Parent #1, #2

15 = Relationships with other adults

16 = Sibling relationships

17 = Peer relationships

18 = Post-Traumatic Stress

19 = Psychological testing/evaluation

20 = Follow-Up care

21 = Other

LENGTH OF VISIT (FORM 1)

Codes

COB0XYZ 00
Intensity

COB0X03

COB0X04

COB0X05

COB0F01
Frequency

COB0D01

COB0O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

IF INPATIENT, OUTPATIENT OR FAMILY DOCTOR/OTHER MD, CONTINUE. OTHERWISE, SKIP TO "FORMAT OF SERVICE CONTACT (FORM 3)", (PAGE 5).

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

Codes

COB6I01

COB6O01

/ /

POB6X01

FOR REVIEW ONLY

Definitions and questions

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 recieve.....

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?

Coding rules

FORMAT OF SERVICE CONTACT

0 = No

2 = Yes

ASSESSMENT/EVALUATION/TESTING

0 = No

2 = Yes

INDIVIDUAL THERAPY FOR CHILD

0 = No

2 = Yes

GROUP THERAPY

0 = No

2 = Yes

FAMILY THERAPY

0 = No

2 = Yes

COUNSELING FOR PARENT AND/OR PARTNER

0 = No

2 = Yes

FAMILY GROUP

0 = No

2 = Yes

CASE MANAGEMENT

0 = No

2 = Yes

CONTACTED SCHOOL

0 = No

2 = Yes

CONTACTED OTHER SERVICES OR AGENCIES

0 = No

2 = Yes

Codes

COB7X01 Intensity

COB7I01

COB7I03

COB7I04

COB7I07

COB7I08

COB7I06

COB7I09

COB7I11

COB7I12

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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.

PARENTAL INVOLVEMENT

0 = Adequate involvement.

2 = Parent feels his/her involvement was insufficient.

3 = Parent feels his/her involvement was too extensive.

COB1X01 Intensity

COB1F01 Frequency

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?

OTHER FAMILY INVOLVEMENT

0 = Adequate involvement.

2 = Parent feels his/her involvement was insufficient.

3 = Parent feels his/her involvement was too extensive.

COB2X01 Intensity

COB2F01 Frequency

FOR REVIEW ONLY

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

TREATMENT APPROACHES

0 = No

2 = Yes

KEEP DIARY

0 = No

2 = Yes

REWARDS

0 = No

2 = Yes

BEHAVIORAL CONTRACT

0 = No

2 = Yes

"HOMEWORK"

0 = No

2 = Yes

"TIME - OUTS"

0 = No

2 = Yes

MANAGE BEHAVIOR

0 = No

2 = Yes

RELAXING

0 = No

2 = Yes

THOUGHTS AFFECTING BEHAVIOR

0 = No

2 = Yes

SOCIAL SKILLS

0 = No

2 = Yes

COPING WITH DEPRESSION

0 = No

2 = Yes

MEDICATIONS

0 = No

Codes

COB8XYZ 00
Intensity

COB8I01

COB8I02

COB8I03

COB8I04

COB8I05

COB8I06

COB8I07

COB8I08

COB8I09

COB8I10

COB8I11

FOR REVIEW ONLY

Definitions and questions

Coding rules

2 = Yes

STILL TAKING

0 = No

2 = Yes

Codes

COB8I12

COB8O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

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.

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

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

1 = Always True

Codes

COB9XYZ 00
Intensity

COB9I01

COB9I02

COB9I03

COB9I04

COB9I05

COB9I06

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
	2 = Often True	
	3 = Sometimes True	
	4 = Rarely True	
	5 = Never True	
	ALWAYS/NEVER TRUE	COB9I07
	1 = Always True	☐
	2 = Often True	
	3 = Sometimes True	
	4 = Rarely True	
	5 = Never True	
	ALWAYS/NEVER TRUE	COB9I08
	1 = Always True	☐
	2 = Often True	
	3 = Sometimes True	
	4 = Rarely True	
	5 = Never True	
	ALWAYS/NEVER TRUE	COB9I09
	1 = Always True	☐
	2 = Often True	
	3 = Sometimes True	
	4 = Rarely True	
	5 = Never True	
	ALWAYS/NEVER TRUE	COB9I10
	1 = Always True	☐
	2 = Often True	
	3 = Sometimes True	
	4 = Rarely True	
	5 = Never True	
	ALWAYS/NEVER TRUE	COB9I11
	1 = Always True	☐
	2 = Often True	
	3 = Sometimes True	
	4 = Rarely True	
	5 = Never True	
	ALWAYS/NEVER TRUE	COB9I12
	1 = Always True	☐

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
	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	COB9I13
	ALWAYS/NEVER TRUE 1 = Always True 2 = Often True 3 = Sometimes True 4 = Rarely True 5 = Never True	COB9I14
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.	**LESS STRESSED** 0 = No 2 = Yes	COB4I04 Intensity
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?***	**YES 2** 0 = No 2 = Yes	COB4I01 Intensity

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
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	COB4I03 Intensity [ ]
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)*	**PATIENT OPINION** 0 = No 2 = Yes **RETURN TO CLINIC** 0 = No 2 = Yes **RECOMMEND** 0 = No 2 = Yes	COB5XYZ 00 Intensity [ ] COB5I01 [ ] COB5I02 [ ]
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?*	**PAYMENT** 0 = No 2 = Yes **FAMILY OUT-OF-POCKET EXPENSE** 0 = Parent or child paid all of cost of services 1 = Parent or child paid some of cost. 2 = Parent or child paid none of cost.	CPOB3XYZ00 Intensity [ ] COB3X01 [ ] COB3X02 Frequency [ ]

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

DETAILED CHILD SERVICES FORM 3

TREATMENT SETTING - INPATIENT/OUTPATIENT (FORM 3)

Where did you go/whom did you see?

TREATMENT SETTING COC0X0Z 00 Intensity

0 = Absent

2 = Present

OVERNIGHT/INPATIENT COC0X99

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 COC0X98

0 = Absent

1 = Partial hospitalization/day program

2 = Drug/Alcohol

3 = Mental health center/Clinic

4 = Communiy 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?

FAMILY DOCTOR COC0X95 Intensity

0 = No

2 = Yes

FOR REVIEW ONLY

Definitions and questions

TREATMENT SETTING - PROFESSIONAL/NON-PROFESSIONAL HELP (FORM 3)

Where did you go/whom did you see?

Coding rules

TREATMENT SETTING

0 = Absent

2 = Present

OTHER PROFESSIONAL HELP

0 = Absent

1 = School guidance counselor/school psychologist; school social worker

2 = Special class/BEH

3 = Social services

4 = Probation officer/juenile correctional counselor

5 = Family doctor/Other MD

6 = Hospital ER

7 = Religious counselor

8 = Other healer/lternative 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

Codes

COC0X0X 00 Intensity

COC0X97

COC0X96

FOR REVIEW ONLY

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

ATTENDED TREATMENT SETTING

0 = Absent

2 = Present

FOCUS OF TREATMENT

0 = Absent

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, #2

14 = Relationships with Other Parent #1, #2

15 = Relationships with other adults

16 = Sibling relationships

17 = Peer relationships

18 = Post-Traumatic Stress

19 = Psychological testing/evaluation

20 = Follow-Up care

21 = Other

LENGTH OF VISIT (FORM 1)

Codes

COC0XYZ 00
Intensity

COC0X03

COC0X04

COC0X05

COC0F01
Frequency

COC0D01

COC0O01
Onset
/ /

FOR REVIEW ONLY

Definitions and questions

IF INPATIENT, OUTPATIENT OR FAMILY DOCTOR/OTHER MD, CONTINUE. OTHERWISE, SKIP TO "ANTICIPATED LOSS OF PARENTAL RIGHTS", (PAGE 5).

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

Codes

COC6I01

COC6O01

/ /

COC6X01

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

Codes

FORMAT OF SERVICE CONTACT COC7X01 Intensity

0 = No

2 = Yes

ASSESSMENT/EVALUATION/TESTING COC7I01

0 = No

2 = Yes

INDIVIDUAL THERAPY FOR CHILD COC7I03

0 = No

2 = Yes

GROUP THERAPY COC7I04

0 = No

2 = Yes

FAMILY THERAPY COC7I07

0 = No

2 = Yes

COUNSELING FOR PARENT AND/OR PARTNER COC7I08

0 = No

2 = Yes

FAMILY GROUP COC7I06

0 = No

2 = Yes

CASE MANAGEMENT COC7I09

0 = No

2 = Yes

CONTACTED SCHOOL COC7I11

0 = No

2 = Yes

CONTACTED OTHER SERVICES OR AGENCIES COC7I12

0 = No

2 = Yes

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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.

PARENTAL INVOLVEMENT

0 = Adequate involvement.

2 = Parent feels his/her involvement was insufficient.

3 = Parent feels his/her involvement was too extensive.

COC1X01 Intensity

COC1F01 Frequency

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?

OTHER FAMILY INVOLVEMENT

0 = Adequate involvement.

2 = Parent feels his/her involvement was insufficient.

3 = Parent feels his/her involvement was too extensive.

COC2X01 Intensity

COC2F01 Frequency

FOR REVIEW ONLY

Definitions and questions

TREATMENT APPROACHES (FORM 3)

Now I want to ask you about what wen 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?

Coding rules

TREATMENT APPROACHES

0 = No

2 = Yes

KEEP DIARY

0 = No

2 = Yes

REWARDS

0 = No

2 = Yes

BEHAVIORAL CONTRACT

0 = No

2 = Yes

"HOMEWORK"

0 = No

2 = Yes

"TIME - OUTS"

0 = No

2 = Yes

MANAGE BEHAVIOR

0 = No

2 = Yes

RELAXING

0 = No

2 = Yes

THOUGHTS AFFECTING BEHAVIOR

0 = No

2 = Yes

SOCIAL SKILLS

0 = No

2 = Yes

COPING WITH DEPRESSION

0 = No

2 = Yes

MEDICATIONS

0 = No

Codes

COC8XYZ 00 Intensity

COC8I01

COC8I02

COC8I03

COC8I04

COC8I05

COC8I06

COC8I07

COC8I08

COC8I09

COC8I10

COC8I11

FOR REVIEW ONLY

Definitions and questions

Coding rules

2 = Yes

STILL TAKING

0 = No

2 = Yes

Codes

COC8I12

COC8O01
Onset

/ /

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
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.	**RELATIONSHIPS WITH PROVIDER** 0 = No 2 = Yes	COC9XYZ 00 Intensity
The "health care provider" does a better job helping my child than I can myself.	**ALWAYS/NEVER TRUE** 1 = Always True 2 = Often True 3 = Sometimes True 4 = Rarely True 5 = Never True	COC9I01
Does not have as much time for me as I would like.	**ALWAYS/NEVER TRUE** 1 = Always True 2 = Often True 3 = Sometimes True 4 = Rarely True 5 = Never True	COC9I02
Does not understand what my child needs.	**ALWAYS/NEVER TRUE** 1 = Always True 2 = Often True 3 = Sometimes True 4 = Rarely True 5 = Never True	COC9I03
Criticizes what I do with my child.	**ALWAYS/NEVER TRUE** 1 = Always True 2 = Often True 3 = Sometimes True 4 = Rarely True 5 = Never True	COC9I04
Expects too much from my family and me.	**ALWAYS/NEVER TRUE** 1 = Always True 2 = Often True 3 = Sometimes True 4 = Rarely True 5 = Never True	COC9I05
Accepts what I have to say when I make recommendations.	**ALWAYS/NEVER TRUE** 1 = Always True	COC9I06
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.		

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
	2 = Often True	
	3 = Sometimes True	
	4 = Rarely True	
	5 = Never True	
	ALWAYS/NEVER TRUE	COC9I07
	1 = Always True	☐
	2 = Often True	
	3 = Sometimes True	
	4 = Rarely True	
	5 = Never True	
	ALWAYS/NEVER TRUE	COC9I08
	1 = Always True	☐
	2 = Often True	
	3 = Sometimes True	
	4 = Rarely True	
	5 = Never True	
	ALWAYS/NEVER TRUE	COC9I09
	1 = Always True	☐
	2 = Often True	
	3 = Sometimes True	
	4 = Rarely True	
	5 = Never True	
	ALWAYS/NEVER TRUE	COC9I10
	1 = Always True	☐
	2 = Often True	
	3 = Sometimes True	
	4 = Rarely True	
	5 = Never True	
	ALWAYS/NEVER TRUE	COC9I11
	1 = Always True	☐
	2 = Often True	
	3 = Sometimes True	
	4 = Rarely True	
	5 = Never True	
	ALWAYS/NEVER TRUE	COC9I12
	1 = Always True	☐

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
	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	COC9I13
	ALWAYS/NEVER TRUE 1 = Always True 2 = Often True 3 = Sometimes True 4 = Rarely True 5 = Never True	COC9I14
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".....***	**LESS STRESSED** 0 = No 2 = Yes	COC4I04 Intensity
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?***	**YES 2** 0 = No 2 = Yes	COC4I01 Intensity

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
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)?***	**YES 2** 0 = No 2 = Yes	COC4I03 Intensity [ ]
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? (Recoder Verbatim)***	**PATIENT OPINION** 0 = No 2 = Yes **RETURN TO CLINIC** 0 = No 2 = Yes **RECOMMEND** 0 = No 2 = Yes	COC5XYZ 00 Intensity [ ] COC5I01 [ ] COC5I02 [ ]
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?*	**PAYMENT** 0 = No 2 = Yes **FAMILY OUT-OF-POCKET EXPENSE** 0 = Parent or child paid all of cost of services 1 = Parent or child paid some of cost. 2 = Parent or child paid none of cost.	COC3XYZ 00 Intensity [ ] COC3X01 [ ] COC3X02 Frequency [ ]

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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

CPA0I01
Intensity

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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

CPA1I01
Intensity

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

CPA1I02

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

CPA1I03

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
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?*	**PREVIOUS NEGATIVE EXPERIENCE** 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	Ever:CPA2E01 Intensity CPA2I01 Intensity CPA2I02
SELF-CONCIOUSNESS Reluctance to use services caused by self-conciousness 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?*	**SELF-CONCIOUSNESS** 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	CPA3I01 Intensity CPA3I02 CPA3I03

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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 NEGATIVE REACTION

0 = Absent

2 = Present

CPA4I01 Intensity

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

CPA4I02

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

CPA4I03

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?

ANTICIPATION OF OUT OF HOME PLACEMENT

0 = Absent

2 = Present

CPA5I01 Intensity

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

CPA5I02

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

CPA5103

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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?

ANTICIPATION OF LOSS OF PARENTAL RIGHTS — CPA6I01 Intensity

0 = Absent

2 = Present

IF SYMPTOMS — CPA6I02

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 — CPA6I03

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

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?

INCOMPLETE INFORMATION — CPA7I01 Intensity

0 = Absent

2 = Present

IF SYMPTOMS — CPA7I02

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 — CPA7I03

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

FOR REVIEW ONLY

Definitions and questions

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 freinds?
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?

Coding rules

TIME

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

Codes

CPA8I01 Intensity

CPA8I02

CPA8I03

FOR REVIEW ONLY

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?

Coding rules

CONCERN ABOUT COST

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

INSURANCE

0 = Insurance covered cost or could afford co-payment

2 = No insurance or insurance coverage insufficient

Codes

CPA9I01 Intensity

CPA9I02

CPA9I03

CPA9I04

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

PROBLEM WITH TRANSPORTATION

0 = Absent

2 = Present

CPB0I01 Intensity

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

CPB0I02

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

CPB0I03

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?

PROBLEM WITH BUREAUCRATIC DELAY

0 = Absent

2 = Present

CPB6I01 Intensity

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

CPB6I02

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

CPB6I03

FOR REVIEW ONLY

Definitions and questions

Coding rules

Codes

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?

PROBLEM WITH AVAILABILITY

0 = Absent

2 = Present

CPB7I01 Intensity

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

CPB7I02

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

CPB7I03

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?

REFUSAL TO TREAT

0 = Absent

2 = Present

CPB8I01 Intensity

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

CPB8I02

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

CPB8I03

FOR REVIEW ONLY

Definitions and questions

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?

Hase 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?

Coding rules

CHILD OR PARENT REFUSES TREATMENT

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

Codes

CPB9I01 Intensity

CPB9I02

CPB9I03

FOR REVIEW ONLY

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 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

0 = English is first language

1 = English is secong language and other first language(s) is spoken in the home

2 = Only other language(s), not English, spoken in the home

OTHER LANGUAGE(S)

_____

0 = Absent

2 = Child is so bothered that s/he becomes emotionally upset or physically aggressive and/or avoids the situations as much as possible.

LANGUAGE BARRIER

0 = Absent

2 = Present for spouse/partner but not subject

3 = Present for subject

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

Codes

CPB1I01 Intensity

CPB1X01

CPB2I01

CPB2I02

CPB2I03

FOR REVIEW ONLY

Definitions and questions | Coding rules | Codes

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.

OTHER BARRIER

0 = Absent

2 = Present

CPB3I01 Intensity

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

CPB3I02

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

CPB3I03

Specify

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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

Codes

CPD4X01
Intensity

CPB4I01

CPB4I02

CPB4I03

FOR REVIEW ONLY

Definitions and questions

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?

Coding rules

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

Codes

CPB5X01 Intensity

CPB5I01

CPB5I02

CPB5I03

FOR REVIEW ONLY

Definitions and questions	Coding rules	Codes
	38 = Other Non-professional help 39 = Help from friends	

FOR REVIEW ONLY