THE YOUNG ADULT

PSYCHIATRIC ASSESSMENT

(YAPA)

Version 2.0.3

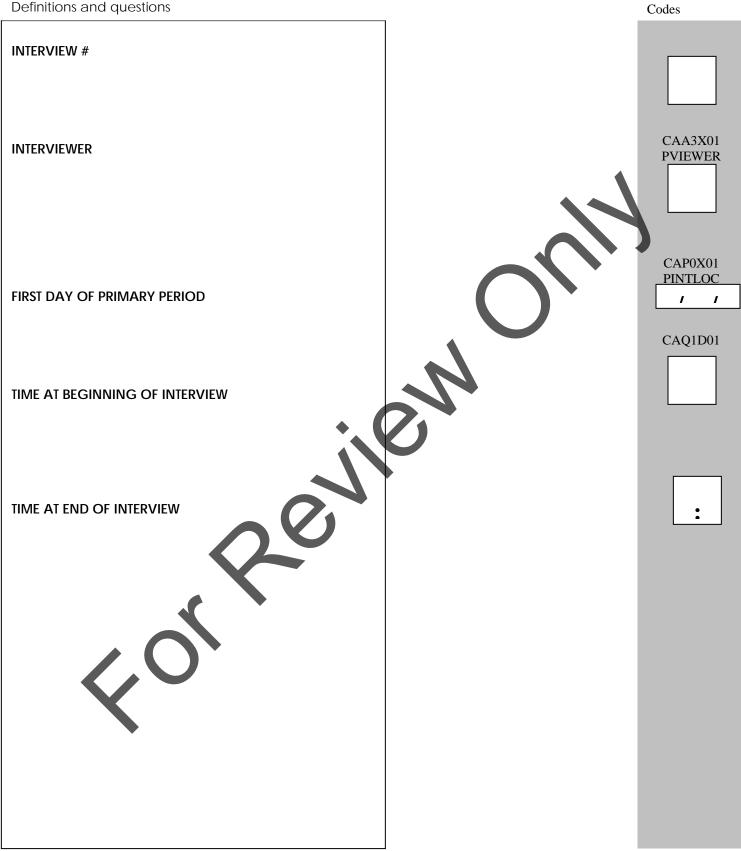
ADRIAN ANGOLD, MRCPsych

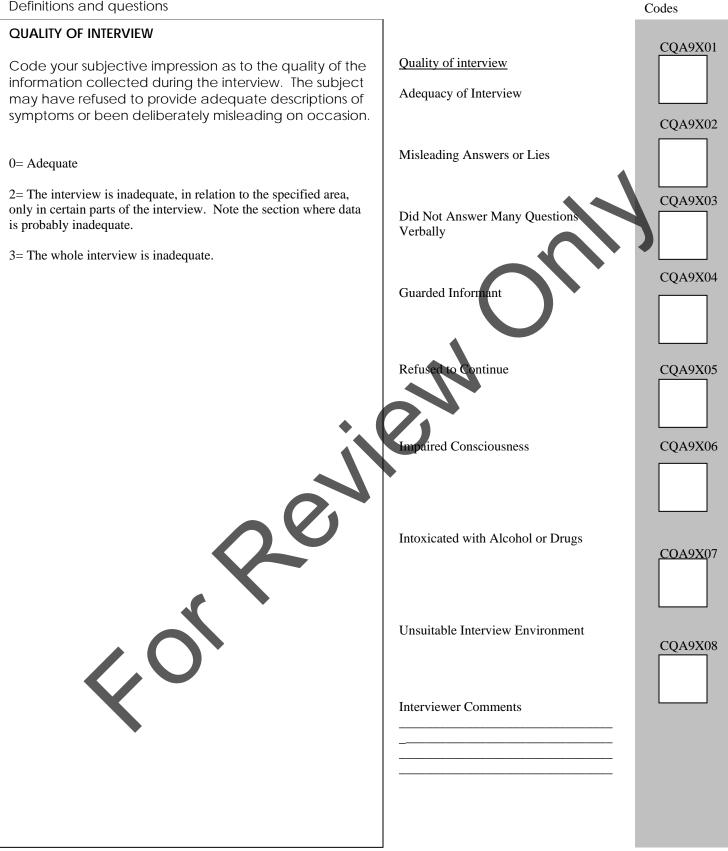
Developmental Epidemiology Program Department of Psychiatry and Behavioral Sciences, Duke University Durham, North Carolina 27710-3454

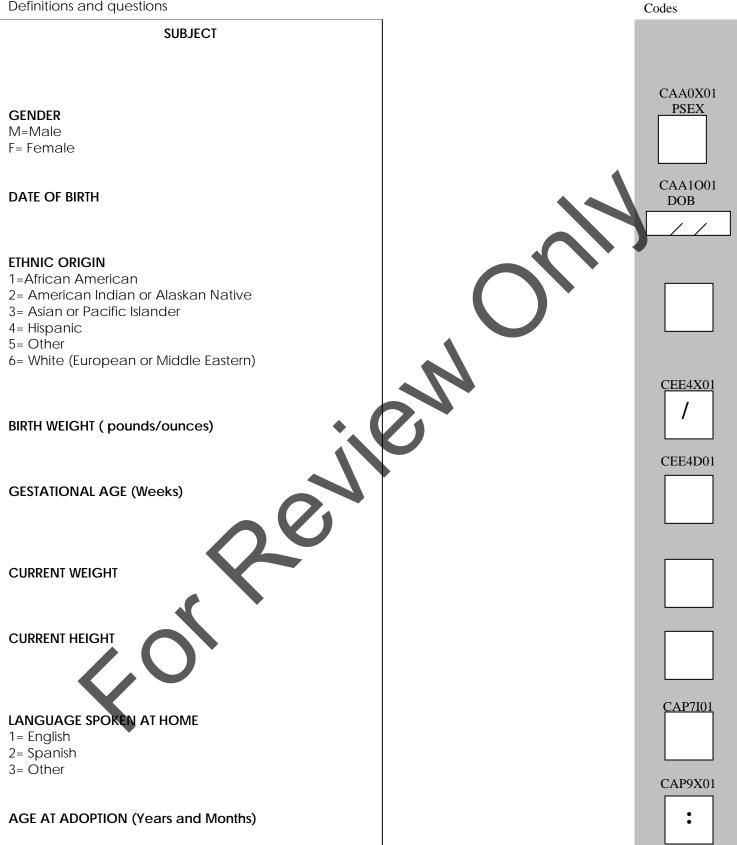
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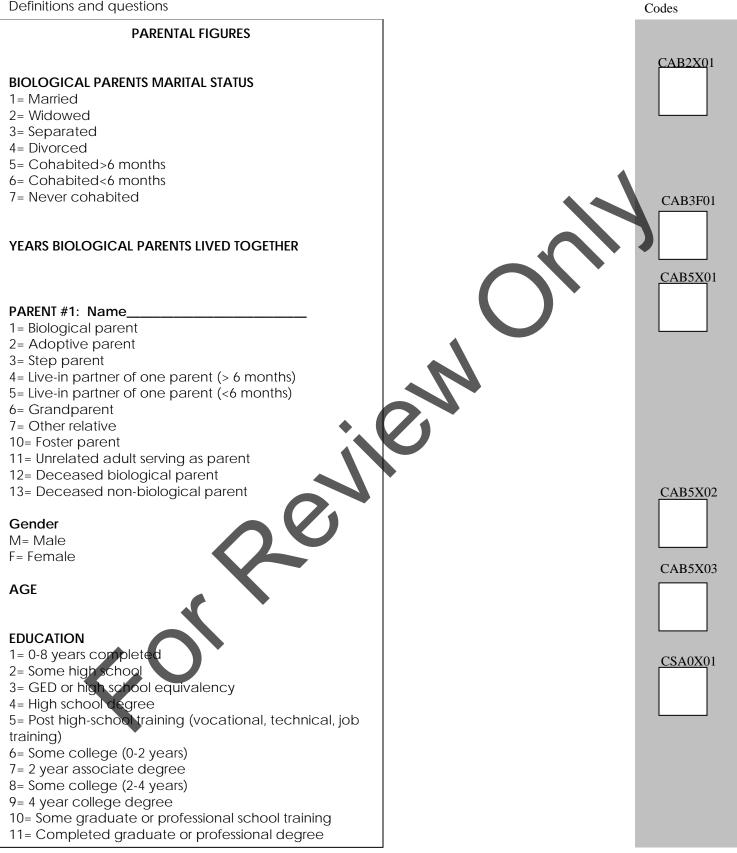
January 2009

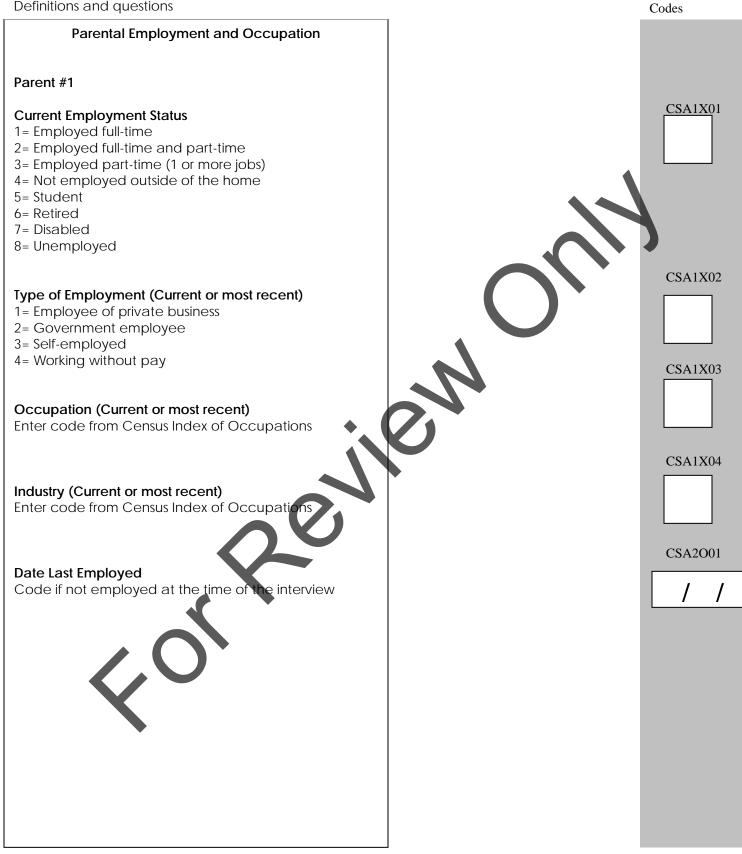
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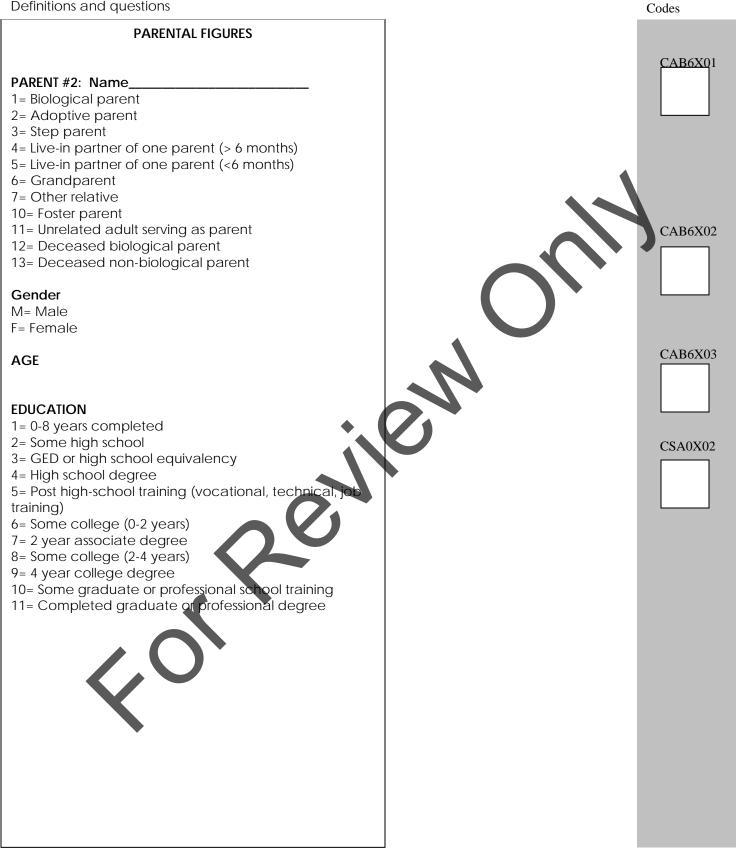


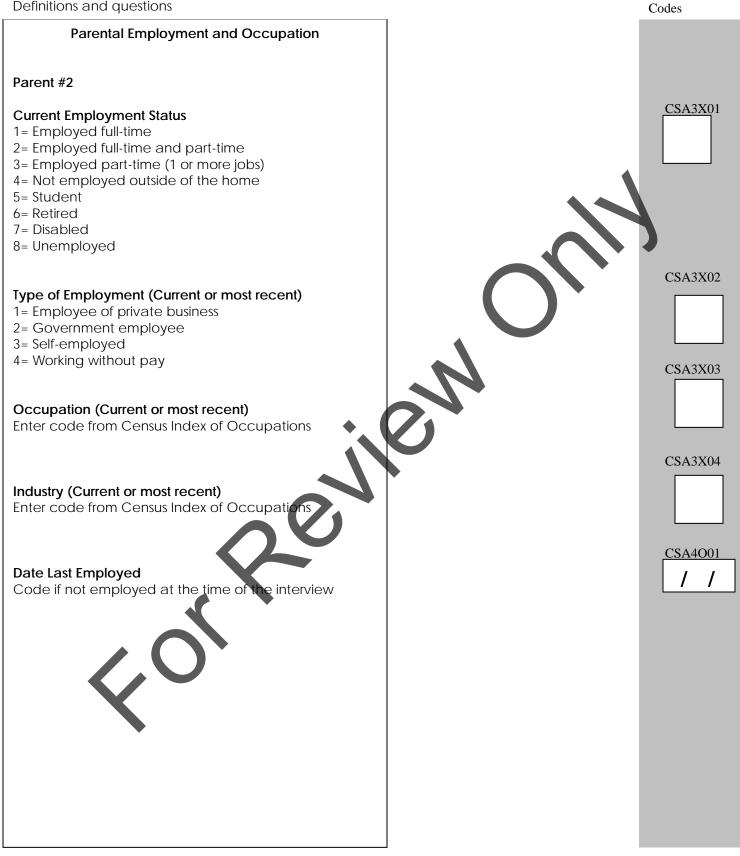




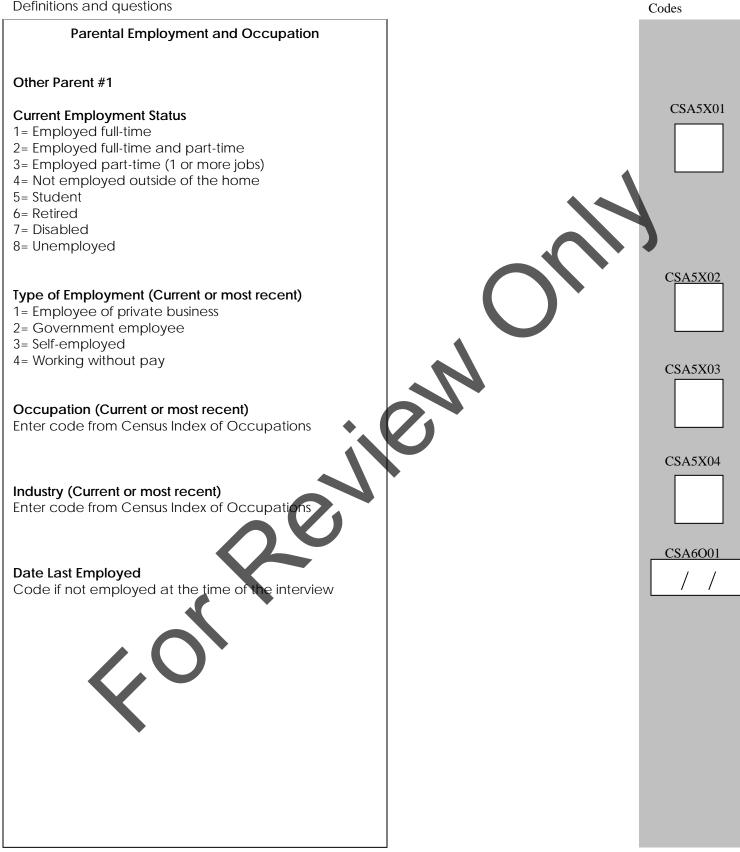




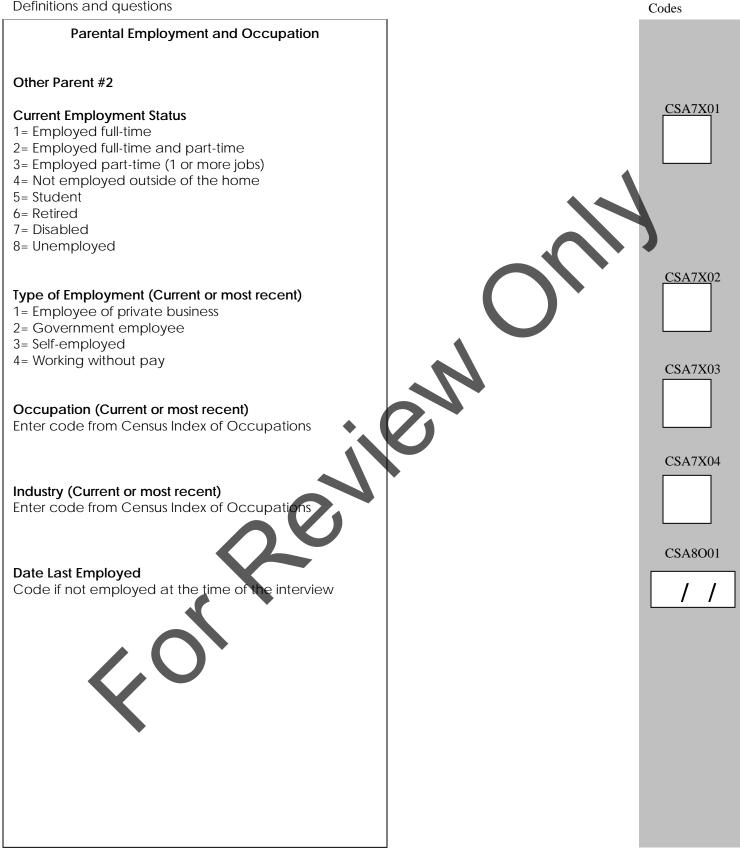


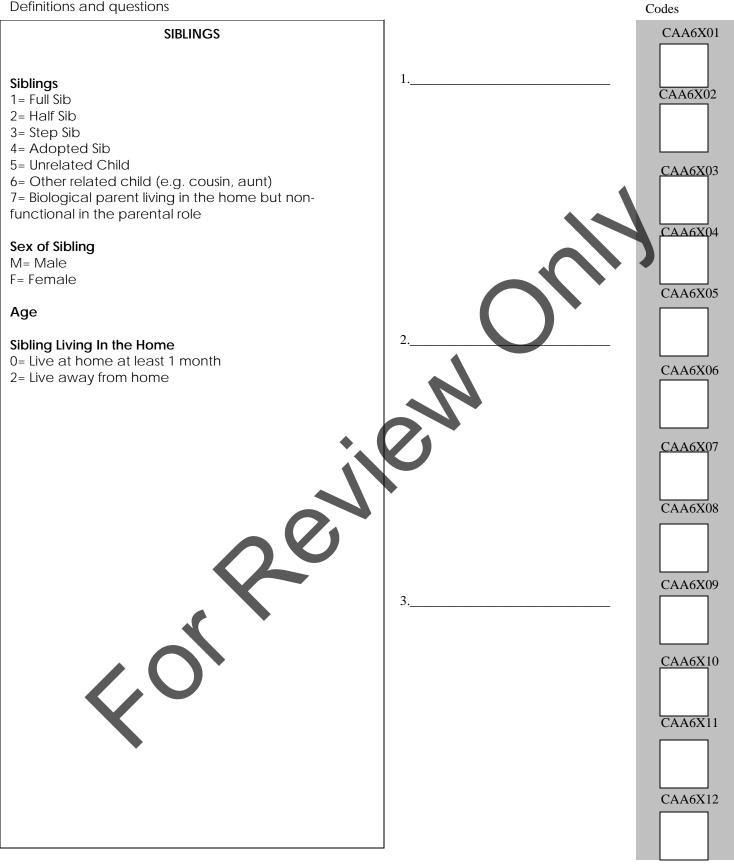


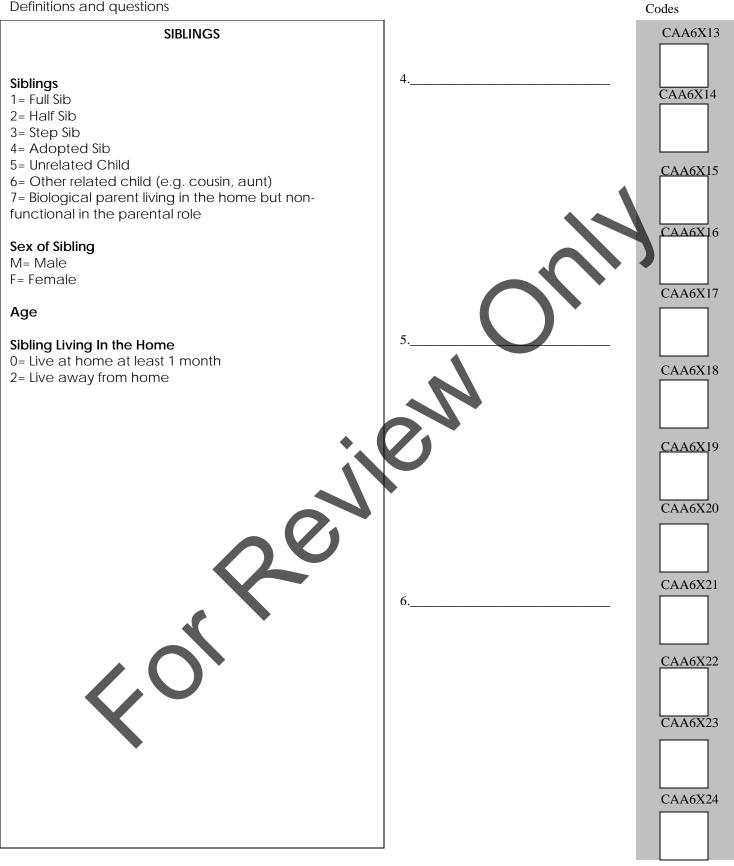
Definitions and questions	(Codes
PARENTAL FIGURES		
OTHER PARENT #1: Name 1= Biological parent 2= Adoptive parent 3= Step parent 4= Live-in partner of one parent (> 6 months) 5= Live-in partner of one parent (<6 months) 6= Grandparent 7= Other relative 10= Foster parent 11= Unrelated adult serving as parent 12= Deceased biological parent		CAB7X01
13= Deceased non-biological parent Gender M= Male F= Female		CAB7X03
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 on professional degree		CSA0X03

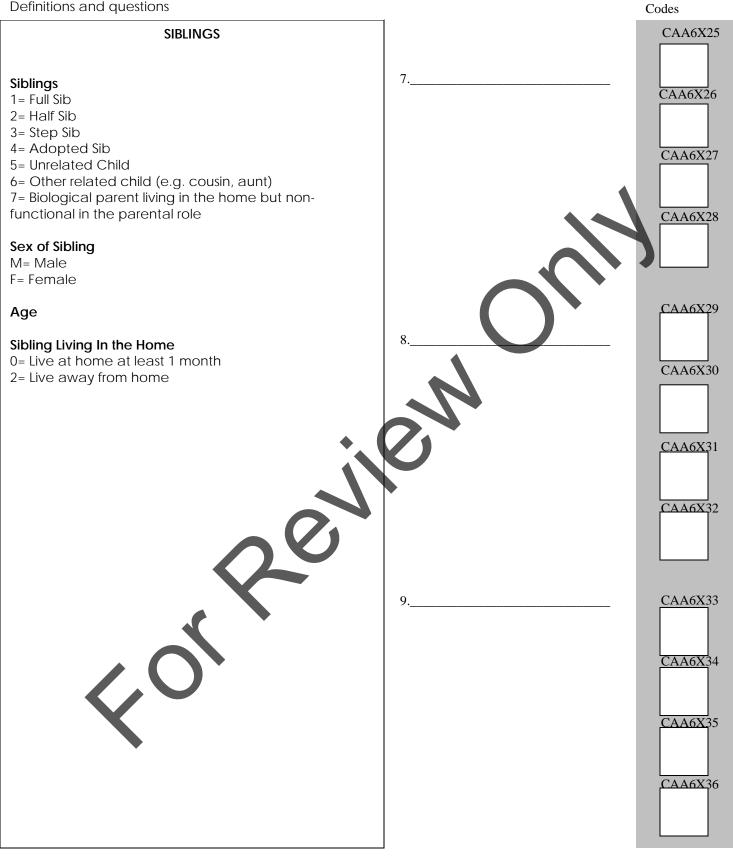


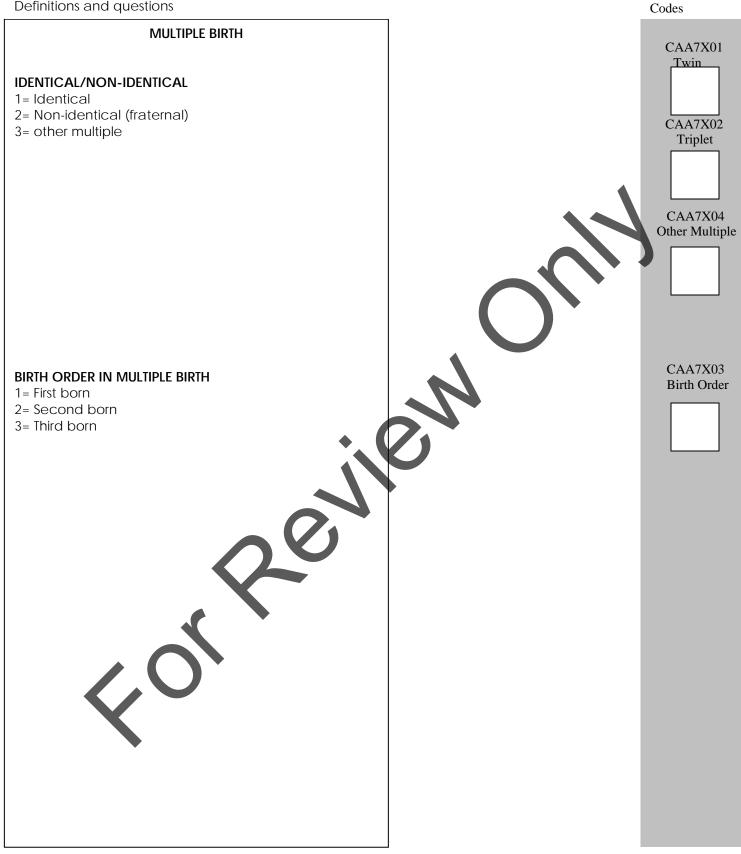
Definitions and questions	Co	odes
Definitions and questions PARENTAL FIGURES OTHER PARENT #2: Name 1= Biological parent 2= Adoptive parent 3= Step parent 4= Live-in partner of one parent (> 6 months) 5= Live-in partner of one parent (<6 months) 6= Grandparent 7= Other relative 10= Foster parent 11= Unrelated adult serving as parent		CAB8X01
12= Deceased biological parent 13= Deceased non-biological parent Gender M= Male F= Female AGE		CAB8X02 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

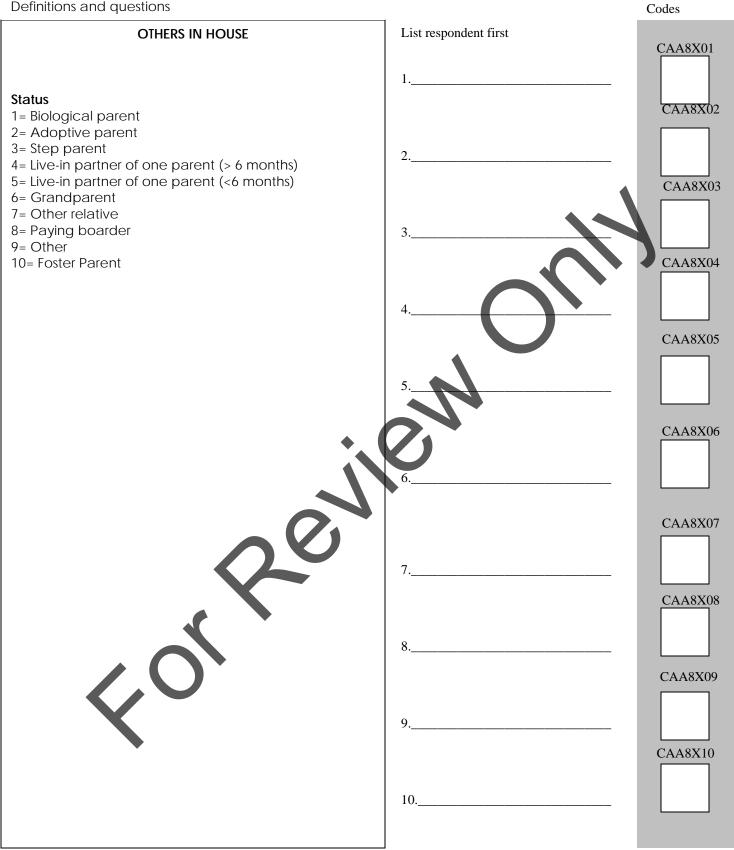




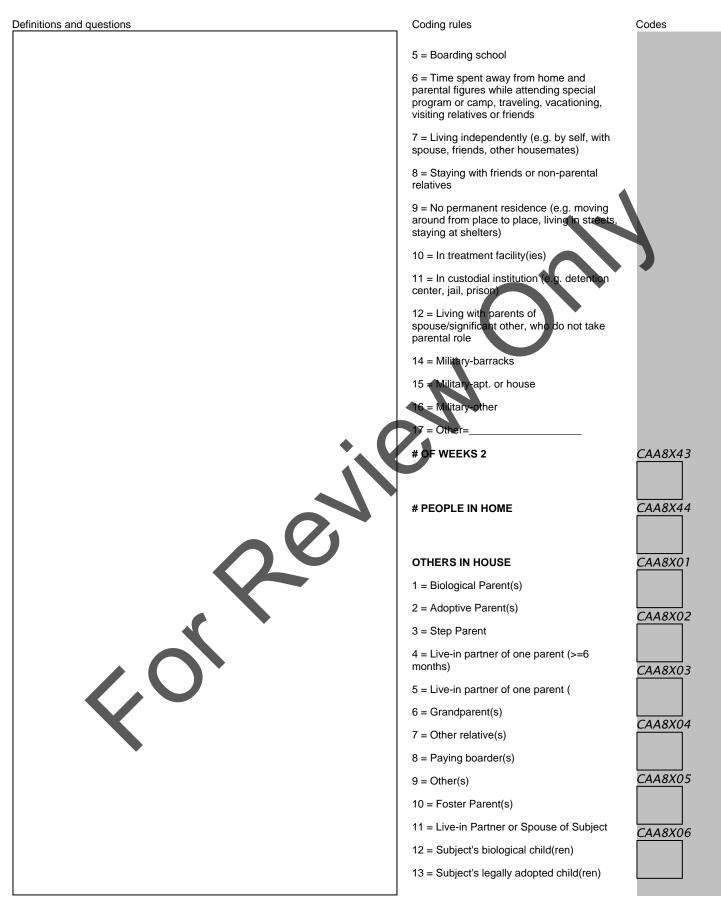


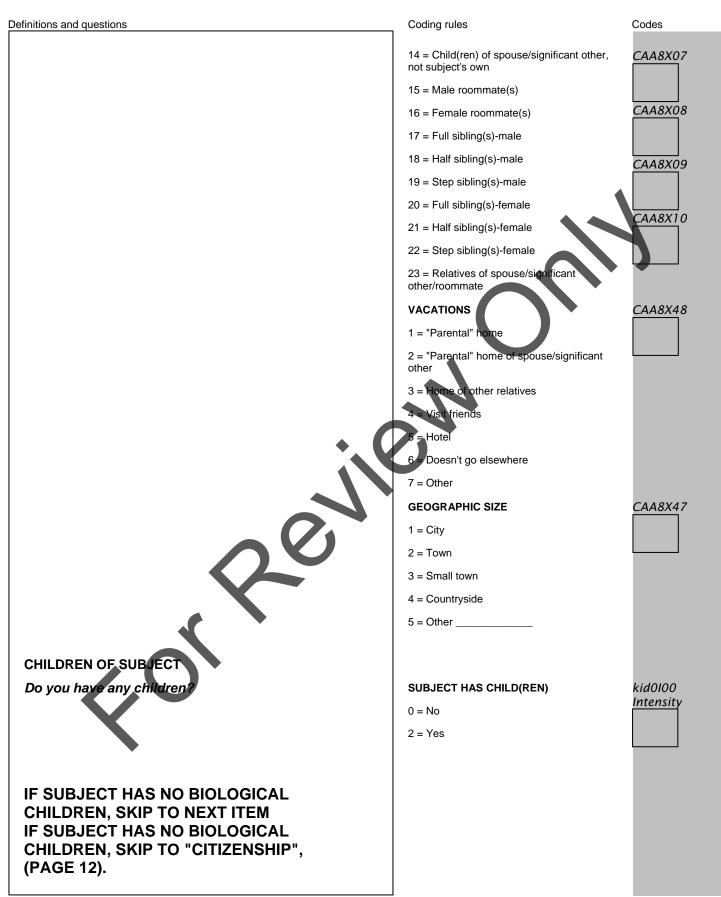






finitions and questions	Coding rules	Codes
FAMILY SECTION		
LIVING SITUATION		
Choose the subject's current primary living situation as	LIVING SITUATION IDENTIFIED	Ever:CAA8X39
"Home" for the YAPA if the subject has lived there at least	0 = Absent	Intensity
one month of the primary period.	2 = Present	
If subject is in college/military/treatment facility/jail, etc. and is being interviewed during a weekend visit to "home", use	LIVING SITUATION USED FOR PRIMARY PERIOD	CAA8X40 Intensity
the setting resided in currently unless subject has been in "home" setting for one month of the last 3 months.	1 = "Parental" home	
nome setting for one month of the last o months.	2 = College-dormitory	
If subject has been incarcerated or in treatment setting for the last 3 months, obtain a secondary period "home"	3 = College-apartment	
location to use for questioning about "home" items	4 = College-fraternity or sorority house	
throughout the YAPA.	5 = Boarding school	
<i>Now I would like to ask you about your living situation in the past 3 months.</i>	6 = Time spent away from home and parental figures while attending special program or camp, traveling, vacationing, visiting relatives or friends	
Where do you live?	7 = Living independently (e.g. by self, with	
How many weeks out of the last three months have you lived there?	 spouse, friends, other housemates) 8 = Staying with friends or non-parental 	
Have you lived anywhere else during the last three	relatives	
months?	9 = No permanent residence (e.g. moving around from place to place, living in streets, staying at shelters)	
If subject has not lived in same place all 12 weeks of last 3 months, ask	10 = In treatment facility(ies)	
Where else have you lived? How long did you live there?	11 = In custodial institution (e.g. detention center, jail, prison)	
How many people live in your home with you?	12 = Living with parents of spouse/significant other, who do not take parental role	
Who are they?	14 = Military-barracks	
Is there anybody else?	15 = Military-apt. or house	
What is X's relation to you? (note for each other person in home)	16 = Military-other	
Where do you go on vacation or school breaks?	17 = Other=	
		CAA8X41 Frequency
<i>Would you say that you live in the city, town, small town, country, or other?</i>		
	OTHER LIVING SITUATION IN PP	CAA8X42
	1 = "Parental" home	
	2 = College-dormitory	
	3 = College-apartment	
	4 = College-fraternity or sorority house	





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Family Section
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Definitions and questions	Coding rules	Codes
SUBJECT'S CHILDREN 1		
If subject has children, ask	BIOLOGICAL CHILD 1	xyz0l01
How many children do you have?	0 = No	Intensity
	2 = Yes	
Now I will need to get some basic information about each of your children.	SEX OF CHILD 1	xyz0102
What is your oldest child's full name?	0 = Boy	
Is a boy or a girl?	2 = Girl	
How old is s/he?	AGE	xyz0103
What is her/his date of birth?		
What is her/his race or ethnic origin?	XYZ0O04	xyz0004
Is s/he white or caucasian?		
Or Native American?	RACE/ETHNIC ORIGIN OF CHILD	xyz0105
Or Native American? Or Black, African American?	1 = Spanish, Hispanic, or Latino	
Asian or Pacific Islander?	2 = American Indian or Alaskan Native	xyz0106
Some other race I have not mentioned?	3 = Astan	
Has s/he lived apart from you any time for more than a	4 = African American or Black African	
month?	5 – White (European, English, etc.)	xyz0107
How long altogether in his/her life has lived apart from you (in months)?	6 = Native Hawaiian or Pacific Islander	
	7 = Some other race	xyz0108
Is s/he living with you now?		
		xyz0109
		xyz0110
	LIVED APART	xyz0111
	0 = No	
	2 = Yes	
	MONTHS	xyz0D01
		Duration
	LIVING WITH SUBJECT	xyz0113
	0 = Yes	
	2 = No	

Definitions and questions	Coding rules	Codes
SUBJECT'S CHILDREN 2		
If subject has children, ask	BIOLOGICAL CHILD 2	xyz2101
Tell me about your next oldest child.	0 = No	Intensity
-	2 = Yes	
Is a boy or a girl?	SEX OF CHILD 2	xyz2102
What is his/her name?	0 = Boy	
How old is s/he?	2 = Girl	
What is her/his date of birth?	AGE 2	xyz2103
What is her/his race or ethnic origin?		
Is s/he of Hispanic or Latin descent? Or of American Indian heritage?	XYZ2004	xyz2004
Has s/he lived apart from you any time for more than a	RACE/ETHNIC ORIGIN OF CHILD	xyz2105
month?	1 = Spanish, Hispanic, or Latino	
How long altogether in his/her life has lived apart from you (in months)?	2 = American Indian or Alaskan Native 3 = Asian	xyz2106
Is s/he living with you now?	4 = African American or Black African	
• 6	5 – White (European, English, etc.)	xyz2107
	6 = Native Hawaiian or Pacific Islander	
	7 = Some other race	xyz2108
		xyz2109
		xyz2110
	LIVED APART	xyz2l11
	0 = No	
	2 = Yes	
X	MONTHS	xyz2D01
		Duration
	LIVING WITH SUBJECT	xyz2113
	0 = Yes	
	2 = No	

Definitions and questions	Coding rules	Codes
SUBJECT'S CHILDREN 3		
If subject has children, ask	BIOLOGICAL CHILD 3	xyz3101
Tell me about your next child.	0 = No	Intensity
	2 = Yes	
Is a boy or a girl?	SEX OF CHILD 3	xyz3102
What is his/her full name?	0 = Boy	
How old is s/he?	2 = Girl	
What is her/his date of birth?	XYZ3I03	xyz3I03
What is her/his race or ethnic origin?		
Is s/he of Hispanic or Latin descent? Or of American Indian heritage?	XYZ3004	xyz3004
Has s/he lived apart from you any time for more than a	RACE/ETHNIC ORIGIN OF CHILD	xyz3l05
month?	1 = Spanish, Hispanic, or Latino	
How long altogether in his/her life has lived apart from you (in months)?	2 = American Indian or Alaskan Native 3 = Asian	xyz3106
Is s/he living with you now?	4 = African American or Black African	
•. •	5 – White (European, English, etc.)	xyz3I07
	6 = Native Hawaiian or Pacific Islander	
	7 = Some other race	xyz3108
		xyz3109
		xyz3110
	LIVED APART	xyz3I11
	0 = No	
	2 = Yes	
	MONTHS	xyz3D01
		Duration
	LIVING WITH SUBJECT	xyz3I13
	0 = Yes	
	2 = No	

Definitions and questions	Coding rules	Codes
SUBJECT'S CHILDREN 4		
If subject has children, ask	BIOLOGICAL CHILD 4	xyz4101
Tell me about your next child.	0 = No	Intensity
	2 = Yes	
Is a boy or a girl?	SEX OF CHILD	xyz4102
What is his/her full name?	0 = Boy	
How old is s/he?	2 = Girl	
What is her/his date of birth?	AGE	xyz4103
What is her/his race or ethnic origin?		
ls s/he of Hispanic or Latin descent? Or of American Indian heritage?	XYZ4O04	xyz4004
Has s/he lived apart from you any time for more than a	RACE/ETHNIC ORIGIN OF CHILD	xyz4105
month?	1 = Spanish, Hispanic, or Latino	
How long altogether in his/her life has lived apart from you (in months)?	2 = American Indian or Alaskan Native 3 = Asian	xyz4106
Is s/he living with you now?	4 = African American or Black African	
•. C	5 - White (European, English, etc.)	xyz4I07
	6 = Native Hawaiian or Pacific Islander	
	7 = Some other race	xyz4108
		xyz4109
		xyz4110
	LIVED APART	xyz4111
	0 = No	
	2 = Yes	
	MONTHS	xyz4D01
		Duration
	LIVING WITH SUBJECT	xyz4113
	0 = Yes	
	2 = No	

Definitions and questions	Coding rules	Codes
SUBJECT'S CHILDREN 5		
If subject has children, ask	BIOLOGICAL CHILD 5	xyz5101
Tell me about your next child.	0 = No	Intensity
	2 = Yes	
Is a boy or a girl?	SEX OF CHILD	xyz5102
What is his/her full name?	0 = Boy	
How old is s/he?	2 = Girl	
What is her/his date of birth?	AGE	xyz5103
What is her/his race or ethnic origin?		
Is s/he of Hispanic or Latin descent? Or of American Indian heritage?	XYZ5004	xyz5004
Has s/he lived apart from you any time for more than a	RACE/ETHNIC ORIGIN OF CHILD	xyz5105
month?	1 = Spanish, Hispanic, or Latino	
How long altogether in his/her life has lived apart from you (in months)?	2 = American Indian or Alaskan Native 3 = Asian	xyz5106
Is s/he living with you now?	4 = African American or Black African	
•. C	5 = White (European, English, etc.)	xyz5I07
	6 = Native Hawaiian or Pacific Islander	
	7 = Some other race	xyz5108
		xyz5109
		xyz5110
	LIVED APART	 xyz5111
	0 = No	
	2 = Yes	
	MONTHS	xyz5D01
		Duration
	LIVING WITH SUBJECT	xyz5113
	0 = Yes	
	2 = No	

Definitions and questions	Coding rules	Codes
SUBJECT'S CHILDREN 6		
If subject has children, ask	BIOLOGICAL CHILD 6	xyz6101
Tell me about your next child.	0 = No	Intensity
	2 = Yes	
Is a boy or a girl?	SEX OF CHILD	xyz6l02
What is his/her full name?	0 = Boy	
How old is s/he?	2 = Girl	
What is her/his date of birth?	AGE	xyz6l03
What is her/his race or ethnic origin?		
Is s/he of Hispanic or Latin descent?	XYZ6O04	xyz6004
Or of American Indian heritage?		
Has s/he lived apart from you any time for more than a	RACE/ETHNIC ORIGIN OF CHILD	xyz6l05
month?	1 = Spanish, Hispanic, or Latino	
How long altogether in his/her life has lived apart from you (in months)?	2 = American Indian or Alaskan Native 3 = Asian	xyz6106
Is s/he living with you now?	4 = African American or Black African	
• C	5 – White (European, English, etc.)	xyz6l07
	6 = Native Hawaiian or Pacific Islander	
	7 = Some other race	xyz6l08
$\sim \circ$		xyz6109
		xyz6I10
	LIVED APART	xyz6111
	0 = No	
	2 = Yes	
	MONTHS	xyz6D01
		Duration
	LIVING WITH SUBJECT	xyz6113
	0 = Yes	
	2 = No	

Definitions and questions	Coding rules	Codes
SUBJECT'S CHILDREN 7		
If subject has children, ask	BIOLOGICAL CHILD 7	xyz7101
Toll ma about your payt child	0 = No	Intensity
Tell me about your next child.	2 = Yes	
Is a boy or a girl?	SEX OF CHILD	xyz7102
What is his/her full name?	0 = Boy	
How old is s/he?	2 = Girl	
What is her/his date of birth?	AGE	<u>xyz7103</u>
What is her/his race or ethnic origin?		
Is s/he of Hispanic or Latin descent? Or of American Indian heritage?	XYZ7004	xyz7004
Has s/he lived apart from you any time for more than a	RACE/ETHNIC ORIGIN OF CHILD	xyz7105
month?	1 = Spanish, Hispanic, or Latino	
How long altogether in his/her life has lived apart from you (in months)?	2 = American Indian or Alaskan Native 3 = Asian	xyz7l06
Is s/he living with you now?	4 = African American or Black African	
• C	5 – White (European, English, etc.)	xyz7107
	6 = Native Hawaiian or Pacific Islander	
	7 = Some other race	xyz7108
$\sim \circ$		xyz7109
		xyz7110
	LIVED APART	xyz7111
	0 = No	
	2 = Yes	
	MONTHS	xyz7D01
		Duration
	LIVING WITH SUBJECT	xyz7l13
	0 = Yes	
	2 = No	

CITIZENSHIP

U.S. citizenship is bestowed on children born within the contiguous 48 states, Alaska, Hawaii, and U.S. territories. Children born to U.S. citizens residing elsewhere may be registered as U.S. citizens at birth.

Where were you born?

Do you have U.S. citizenship? Are you a naturalized citizen?

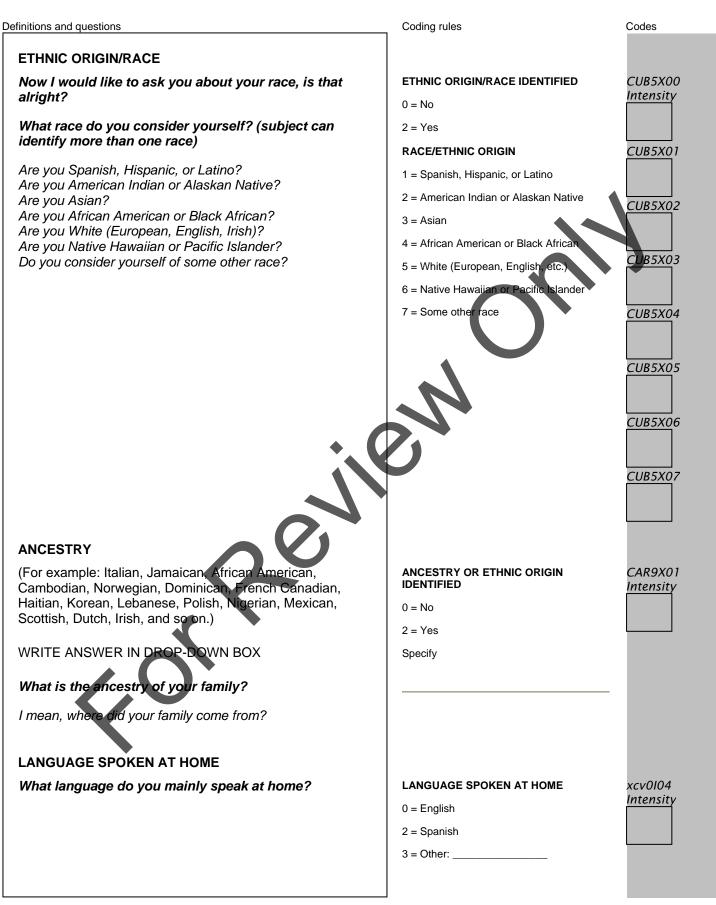
If subject's race is Hispanic, specify further.

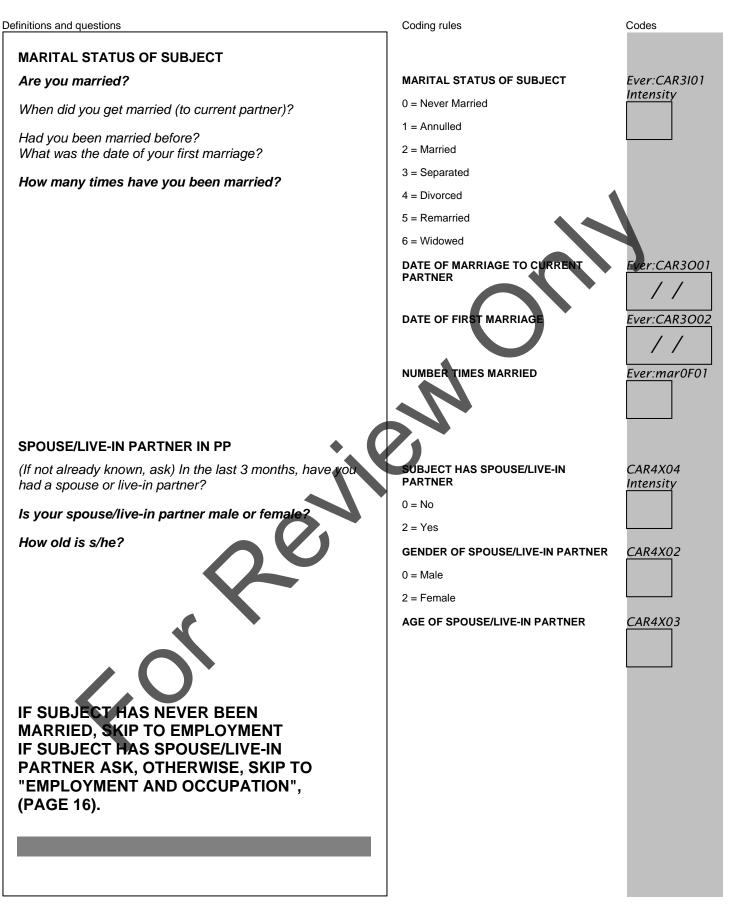
If subject's race is Asian, specify further.

()(

If subject's race of Islander origin, specify further.

	Coding rules	Codes
thin the	U.S. CITIZEN	CAR5101
erritories. e may be	1 = Born in the United States	Intensity
	2 = Born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	
	3 = Born abroad of American parent or parents	
	4 = U.S. citizen by naturalization	
	5 = Not a citizen of the United States	
	HISPANIC	CAR6I01
	0 = Not Hispanic	. 🥒 📔
r.	1 = Mexican, Mexican American, Chicano	
	2 = Puerto Rican	
	3 = Cuban	
	4 = Other Spanish/Hispanic/Latino	
	Activity	CARTIOI
	ASIAN	CAR7I01
	0 = Not Asian 1 ≓Asian Indian	
	2 = Chinese	
	3 = Filipino	
	4 = Japanese	
	5 = Korean	
	6 = Vietnamese	
	7 = Other Asian	
	ISLANDER	CAR8101
	0 = Not Islander	
	1 = Native Hawaiian	
	2 = Guamanian	
	3 = Samoan	
	4 = Other Pacific Islander	





Definitions and questions	Coding rules	Codes
ETHNIC ORIGIN/RACE OF SPOUSE/PARTNER		
If subject is married or has a live-in partner, ask	SUBJECT MARRIED OR HAS LIVE-IN PARTNER	mar1101 Intensity
Is your spouse/partner Spanish, Hispanic, or Latino?	0 = No	
What race is s/he?	2 = Yes	
You can choose more than one race.	SPANISH, HISPANIC, OR LATINO: SPOUSE/PARTNER	mar1102
Is s/he American Indian or Alaskan Native?	0 = No	
Or Asian?	2 = Yes	
African-American or Black African?	AMERICAN INDIAN OR ALASKAN NATIVE	mar1103
White, that is, of European, Middle Eastern, or North African origin?	0 = No 2 = Yes	
Native Hawaiian or other Pacific Islander?	ASIAN	mar1104
Some other race that I haven't mentioned?	0 = No 2 = Yes	
	0 = ND 2 = Yes WHITE 0 = No 2 = Yes NATIVE HAWAIIAN OR PACIFIC ISLANDER 0 = No 2 = Yes SOME OTHER RACE 0 = No 2 = Yes	mar1106 mar1107 mar1108

EMPLOYMENT HISTORY

EMPLOYMENT AND OCCUPATION

Are you currently employed?

What do you do for a living?

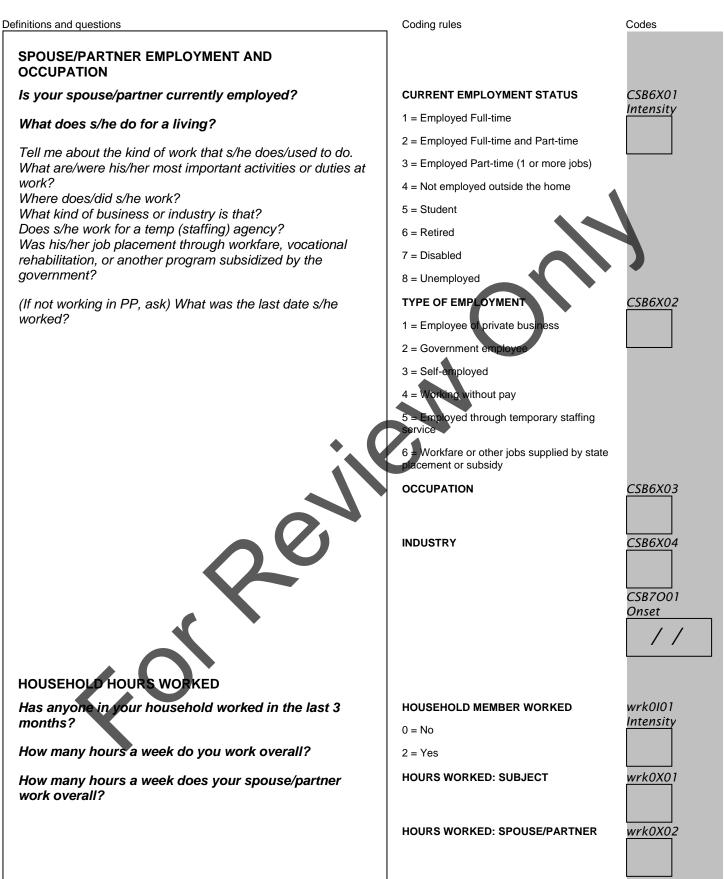
Tell me about the kind of work that you do/used to do? What are/were your most important activities or duties at work?

Where do/did you work? What kind of business or industry is that? Do you work for a temp (staffing) agency? Was your job placement through workfare, vocational rehabilitation, or another program subsidized by the government?

(If not currently working) When was the last date that you worked?

IF NO SPOUSE OR PARTNER, THEN SKIP TO HOUSEHOLD WORK ITEMS IF NO SPOUSE OR PARTNER, SKIP TO "HOUSEHOLD HOURS WORKED ", Coding rules Codes CSB4X01 **CURRENT EMPLOYMENT STATUS** Intensity 1 = Employed Full-time 2 = Employed Full-time and Part-time 3 = Employed Part-time (1 or more jobs) 4 = Not employed outside the home 5 = Student 6 = Retired 7 = Disabled 8 = Unemployed TYPE OF EMPLOYMENT CSB4X02 1 = Employee of private bug ness 2 = Government employee 3 = Self-employed Working without pay = Employed through temporary staffing ervice 6 Workfare or other jobs supplied by state placement or subsidy OCCUPATION CSB4X03 INDUSTRY CSB4X04 CSB5001 Onset / /

(PAGE 17).



efinitions and questions	Coding rules
WORK HISTORY EVER	
Include any paid employment (apart from work required in order to qualify for an allowance from parents). Include any type of work: "regular" job, weekend work, after school, or vacation job.	EVER EMPLOYED 0 = No 2 = Yes
(If unknown) Have you ever had a job?	
How many jobs have you had?	
If you aren't sure, think about it and give me your best guess.	
HOW OLD WERE YOU WHEN YOU GOT YOUR FIRST JOB?	
Have you ever been dismissed or fired from a job?	EVER: DISMISSED FROM JOB 0 = No
Why was that?	2 = Yes
Have you ever walked off a job, or quit, without giving notice?	NUMBER OF TIMES
How many times have you done that?	QUIT JOB WITHOUT SUPPORT
Have you ever quit a job without any other means of support?	
How many times? Have you ever quit your main job without having enough savings to live on?	UNEMPLOYMENT 0 = No 2 = Yes
How many times?	LONGEST PERIOD OF UNEMPLOYMENT
Have you ever been unemployed? What is the longest period of time that you have been unemployed?	
I MEAN, WHILE YOU WERE NOT A STUDENT.	
I NEED TO KNOW THE LONGEST PERIOD OF TIME THAT YOU DID NOT WORK AT ALL, IN WEEKS.	
WORK HISTORY LAST 3 MONTHS	
Include any paid employment in past 3 months at any type of "work"regular job, part-time job, weekend work, after- school or work-study job, or summer vacation job.	JOB IN LAST 3 MONTHS 0 = No 2 = Yes
<i>How many weeks have you worked in the last 3 months?</i>	
Have there been any weeks that you have not worked in the last 3 months?	

Codes

Ever:CBG5X01 Intensity

Ever:CBG5V01 Frequency

Ever:CBC3001

Ever:CBG8E01

Ever:CBG9V01

Ever:CBH0V01

<u>Ever:CB</u>F9E01

Ever:CBF9V01

CBG5I01 Intensity

Onset

Wave P eYAPA 2.0.3

Definitions and questions

SO, YOU HAVE WORKED HOW MANY WEEKS OF THE 12 WEEKS IN THE LAST 3 MONTHS?

HOW MANY HOURS DO YOU USUALLY WORK PER WEEK?

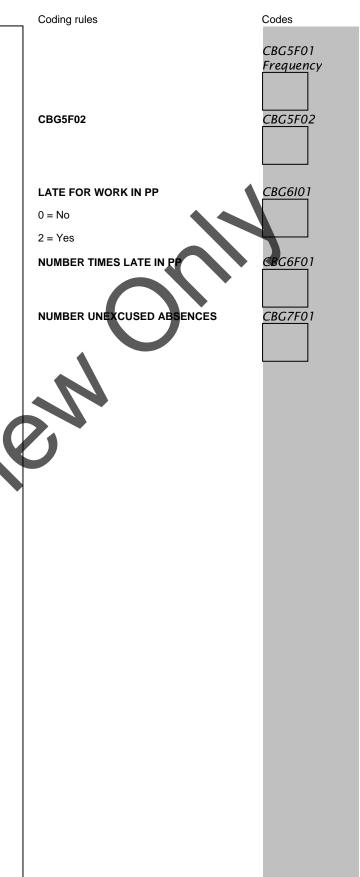
Is that true for all of the past 12 weeks?

Have you been late for work in the last 3 months?

HOW MANY TIMES?

Have you missed any workdays in the last 3 months?

Were any of those days when you were not sick or having some other emergency? HOW MANY DAYS DID YOU MISS WHEN YOU DID NOT HAVE A VALID EXCUSE?



Definitions and questions

FINANCIAL INFORMATION

FINANCIAL NEEDS

Now I would like to ask some questions about your finances, is that OK?

How well can you take care of your financial needs with the money you (and your family) have?

Would you say very well, fairly well, or poorly?

Do you have any trouble making your payments? Are your expenses so much that you can't pay them at times?

Or are your payments and bills not a problem for you? Do you have financial resources for emergencies?

I would like to find out a little about your financial arrangements.

Do you support yourself?

Or does someone else support you as their dependant? About what percent of the money coming into the household comes from your wages?

Do you pay rent, a mortgate payment, or a room fee?

Do you live in subsidized or public project housing?

Do you get rental assistance from HUD or any other public program?

Do you live in sheltered housing (for mentally or physically handicapped, e.g. monitored housing, halfway house, etc.)?

How is it paid for?

Do you get a coupon or voucher? Or do you have a rent reduction? Or do you pay nothing at all?

What is the monetary value of the housing assistance you get?

Do you know what you would have to pay without this assistance? How much would that be?

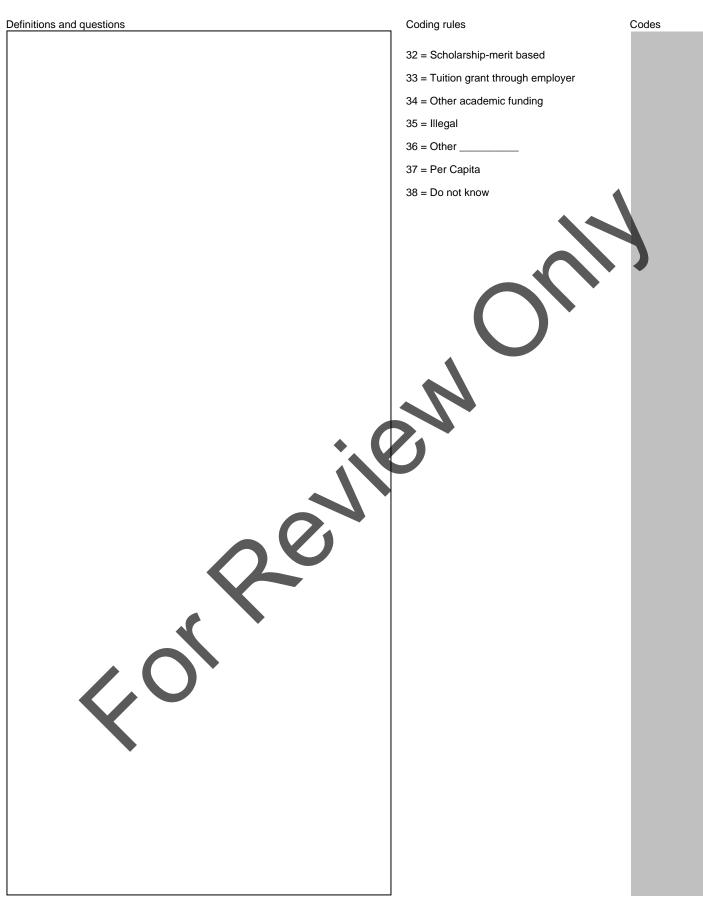
Coding rules	Codes
PERCEPTION OF FINANCIAL NEED	CSA9X42
0 = No	Intensity
2 = Yes	
COVERAGE	<u>CSA9X0</u> 1
0 = Very Well.	
1 = Fairly Well.	
2 = Poorly	
% OF INCOME TO HOUSEHOLD SUPPLIED BY SUBJECT'S WAGES	CSB8F01
RENT/ROOM	CSB9101
0 = Subject pays rent (mortgage) or room fee, either for independent living situation or contributes to home/household in which s/he resides	
1 = Subject contributes some \$ toward rent/room	
2 ⇒ Subject does not contribute financially for rent/room	
HOUSING	<u>CSC0101</u>
0 = No	
2 = Subsidized or project housing	
3 = Sheltered housing	
HOUSING SUBSIDY FROM GOV'T	<u>CSC1101</u>
0 = No subsidy, project, or sheltered housing	
1 = Coupon	
2 = Voucher	
3 = Cash payment	
4 = Other	
5 = Rent Reduction	
6 = Free housing	
VALUE OF SUBSIDY	CSC1F01

SOURCES OF INCOME
All sources of income coming into the household where the subject resides.
Where does the money come from to take care of you and your family?
Fulltime work? Part-time work? Parents? Alimony? Child support? Unemployment? Disability payments? Any type of Social Security? Welfare or food stamps? Savings or investments? Scholarship? Other academic funding? Other?

~

<u>(</u>)

	Coding rules	Codes
:he	INCOME PRESENT	CSB0X00
	0 = No	Intensity
u	2 = Yes	
	SOURCES OF INCOME	CSB0X01
	1 = Full-time work, subject	
	2 = Full-time work, spouse/partner	CSB0X02
	3 = Part-time work, subject	
	4 = Part-time work, spouse/partner	
	5 = Unemployment, subject	CSBOX03
	6 = Unemployment, spouse/partner	
	7 = Full-time work, Parent #1	CSB0X04
	8 = Full-time work, Parent #2	
	9 = Part-time work, Parent #1	CSB0X05
	10 = Part-time work, Parent #2	
	11 = Full-time work, Other	CEROVAC
	12 = Part-time work, Other	CSB0X06
	13 = Unemployment, Parent #1	
	4 = Unemployment, Parent #2	CSB0X07
	15 = Unemployment, Other	
	16 = Alimony to Parental figure	CSBOX08
	17 = Alimony to subject	
	18 = Alimony to other	
	19 = Child support to subject's child	
	20 = Child support to other child	
	21 = Social Security	
	22 = SSI for subject's disability	
	23 = SSI for other person 24 = SSDI	
	24 = 3301 25 = Other disability payment	
	26 = Pension	
	27 = Welfare	
	28 = Food Stamps or WIC	
	29 = Savings	
	30 = Other legal	
	31 = Scholarship-need based	



Definitions and questions

INCOME

Do you or does anyone in your household have income?

What was your personal income before taxes this year?

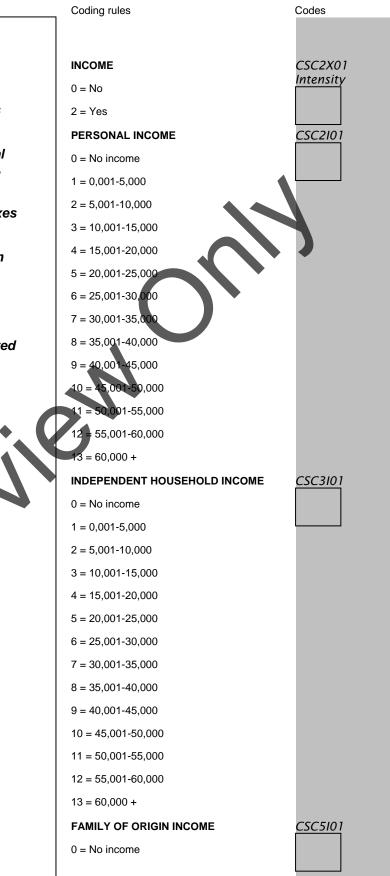
This includes salaries, wages, investments, social security, unemployment, disability, child support, welfare, and any other income you might have.

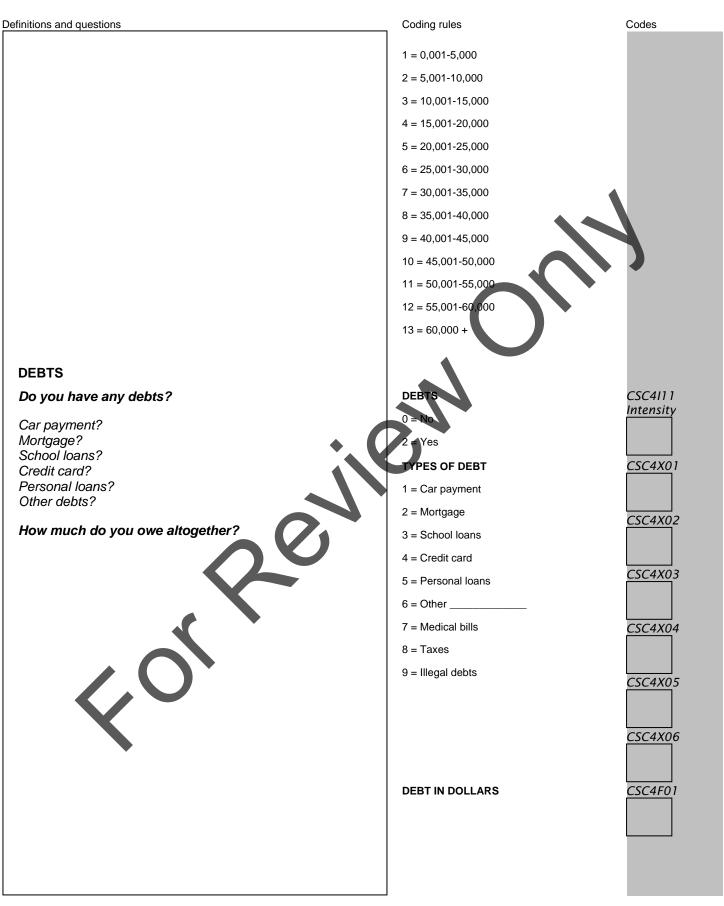
What was your total household income before taxes this year?

This includes all your income and all income from other people in your household.

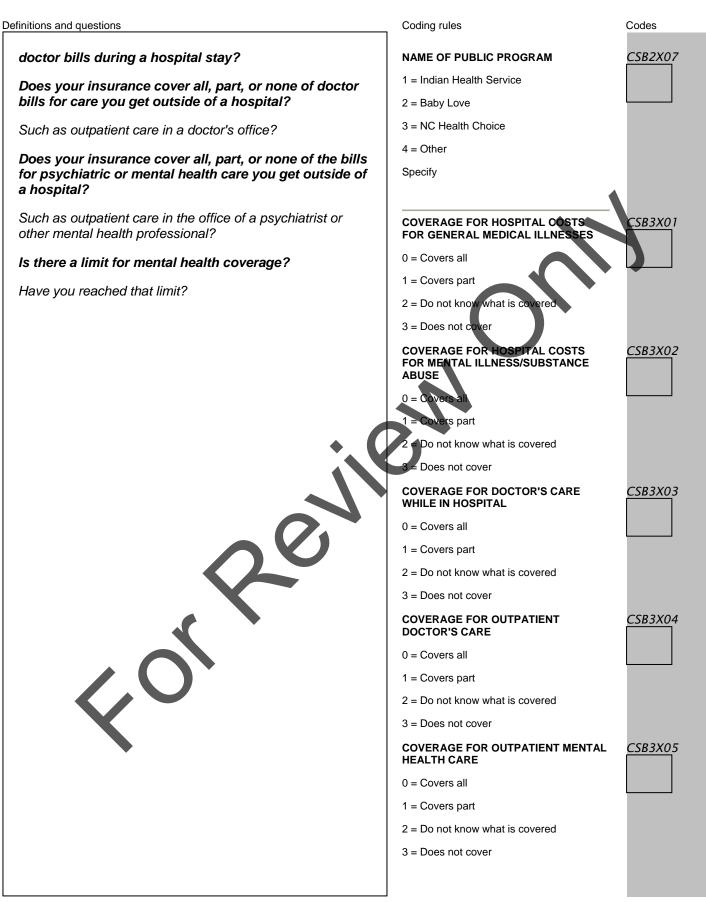
Approximately what was your "family of origin"'s income before taxes this year?

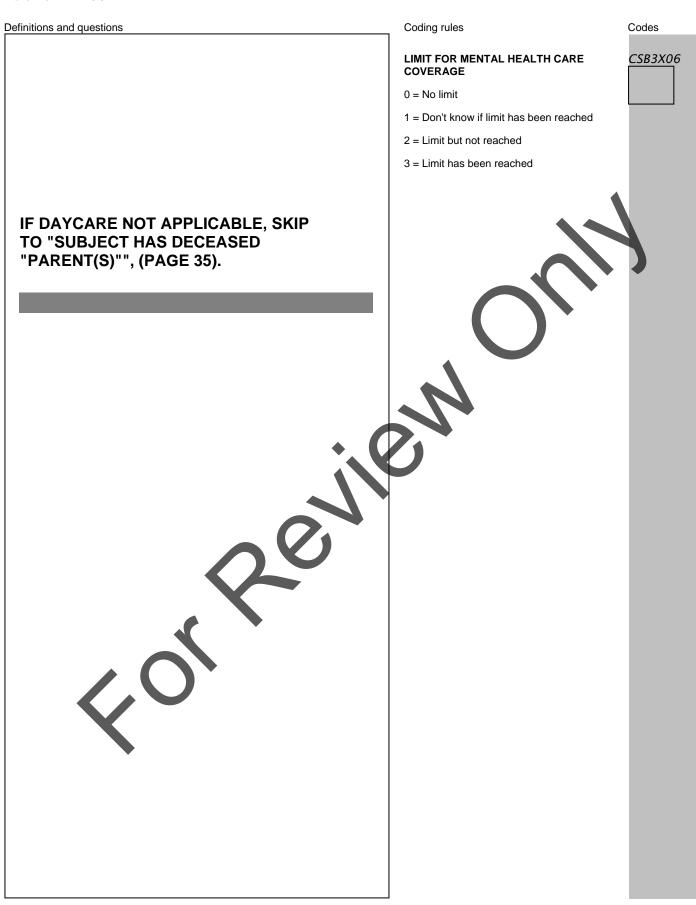
I mean the "parental" family you most recently lived with, prior to going out on your own.

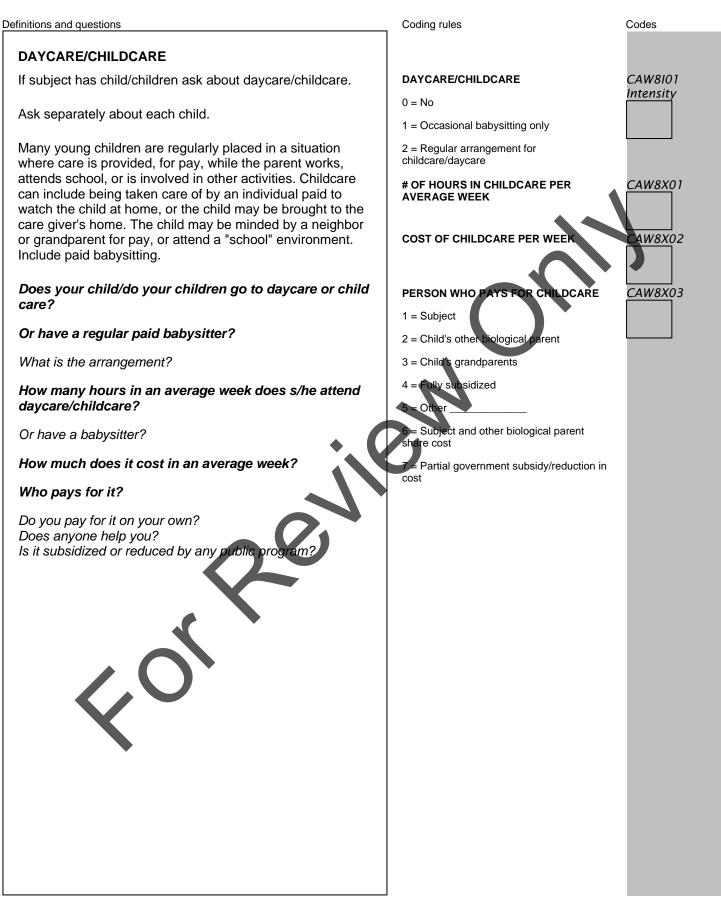




initions and questions	Coding rules	Codes
HEALTH CARE INFORMATION		
INSURANCE COVERAGE		
Now I would like to ask you about your health insurance information, is that OK?	INSURANCE INFORMATION	CSB2X00 Intensity
	0 = No	
Who is responsible for arranging for payment for your healthcare?	2 = Yes	
Are you responsible?	RESPONSIBLE FOR ARRANGING PAYMENTS	CSB2X0
Are one or both of your parents responsible?	0 = No responsible party	
Are one of both of your parents responsible?	1 = Parent	
ls your spouse/partner responsible?	2 = Subject	
Or someone else?	3 = Other	
Are you covered by a private health insurance plan?	PRIVATE HEALTH INSURANCE	CSB2X0.
Such as Blue Cross and Blue Shield?	0 = Private Plan (BC/BS, Aetna)	
Or a private health plan?	1 = Health Plan (HMO,PPO)	
Such as an HMO or PPO? What is the name of your insurance plan?	2 = Private Insurance but do not know name	
Who is the primary policyholder for the insurance you	3 = Not covered by private health insurance	
are covered by?	POLICY HOLDER	CSB2X0
Is it in your name, through an employer or purchased on	0 = No private or job-related insurance 1 = Subject is primary policy holder	
your own? Or are you covered as a dependent on someone els e's	2 = Subject is dependent on policy of	
policy?	"parent", spouse/partner, etc.	
Is it a cobra plan (you may have your own policy until age 25 throuhg your parent's employer)?	3 = Subject is covered by cobra	
	4 = Other	
Are you covered by Medicare from Social Security?	MEDICARE	CSB2X0
Do you have Part A of Medicare that covers hospital bills?	0 = Part A and Part B	
Do you have Part B that covers doctor bills?	1 = Part A only	
Are you currently covered by Medicaid?	2 = Part B only	
Are you covered by Health Choice or Baby Love?	3 = Medicare but do not know which part	
Or any other public program such as welfare of public assistance that pays for all or part of your medical	4 = Not covered by Medicare	
care?	MEDICAID OR OTHER PUBLIC PROGRAM	CSB2X0
What is the name of the program that covers your medical care?	0 = Covered by Medicaid (Health Choice, Baby Love)	
Does your insurance cover all, part, or none of hospital costs for general medical illnesses?	1 = Covered by other public program (Indian Health Service,etc.)	
Does your insurance cover all, part, or none of hospital costs for mental illnesses/substance abuse?	2 = Covered by public program but do not know name	
Does your insurance cover all, part, or none of the	4 = Not covered by Medicaid	







Definitions and questions Codes Coding rules **DAYCARE/CHILDCARE 2** DAYCARE/CHILDCARE CAW9101 If subject has child/children ask about daycare/childcare. Intensity 0 = NoAsk separately about each child. 1 = Occasional babysitting only Many young children are regularly placed in a situation 2 = Regular arrangement for childcare/daycare where care is provided, for pay, while the parent works, attends school, or is involved in other activities. Childcare **# OF HOURS IN CHILDCARE PER** CAW9X01 can include being taken care of by an individual paid to AVERAGE WEEK watch the child at home, or the child may be brought to the care giver's home. The child may be minded by a neighbor or grandparent for pay, or attend a "school" environment. COST OF CHILDCARE PER WEE AW9X02 Include paid babysitting. Does your child/do your children go to daycare or child PERSON WHO PAYS FOR CHILDCARE CAW9X03 care? 1 = Subject Or have a regular paid babysitter? 2 = Child's other biological rent What is the arrangement? 3 = Child's grandparents ully subsidized How many hours in an average week does s/he attend daycare/childcare? Other = Subject and other biological parent Or have a babysitter? share cost How much does it cost in an average week? Partial government subsidy/reduction in cost Who pays for it? Do you pay for it on your own? Does anyone help you? Is it subsidized or reduced by any public

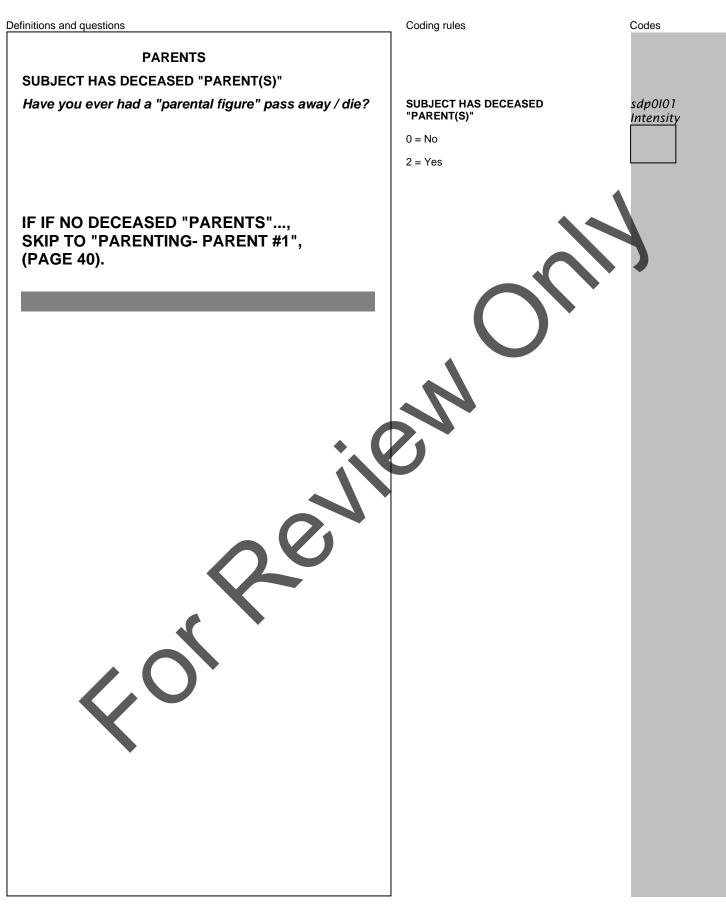
Definitions and questions Codes Coding rules **DAYCARE/CHILDCARE 3** DAYCARE/CHILDCARE CAW3E01 If subject has child/children ask about daycare/childcare. Intensity 0 = NoAsk separately about each child. 1 = Occasional babysitting only Many young children are regularly placed in a situation 2 = Regular arrangement for childcare/daycare where care is provided, for pay, while the parent works, attends school, or is involved in other activities. Childcare **# OF HOURS IN CHILDCARE PER** CAW3X01 can include being taken care of by an individual paid to AVERAGE WEEK watch the child at home, or the child may be brought to the care giver's home. The child may be minded by a neighbor AW3X02 or grandparent for pay, or attend a "school" environment. COST OF CHILDCARE PER WEE Include paid babysitting. Does your child/do your children go to daycare or child PERSON WHO PAYS FOR CHILDCARE CAW3X03 care? 1 = Subject Or have a regular paid babysitter? 2 = Child's other biological rent What is the arrangement? 3 = Child's grandparents ully subsidized How many hours in an average week does s/he attend daycare/childcare? Other = Subject and other biological parent Or have a babysitter? share cost How much does it cost in an average week? Partial government subsidy/reduction in cost Who pays for it? Do you pay for it on your own? Does anyone help you? Is it subsidized or reduced by any public

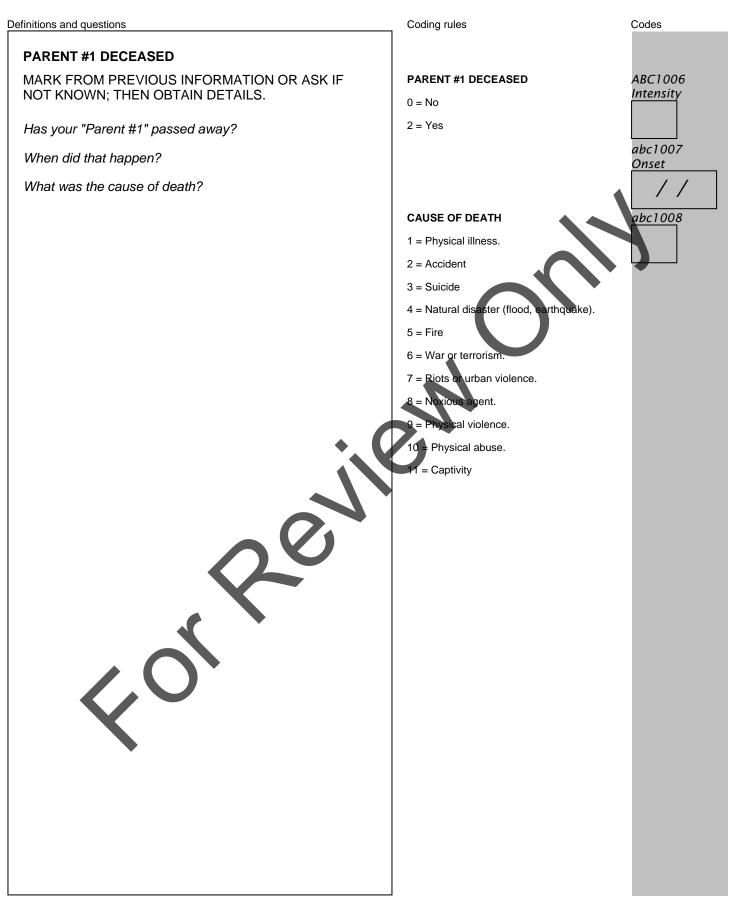
Definitions and questions Codes Coding rules **DAYCARE/CHILDCARE 4** DAYCARE/CHILDCARE CAW4E01 If subject has child/children ask about daycare/childcare. Intensity 0 = NoAsk separately about each child. 1 = Occasional babysitting only Many young children are regularly placed in a situation 2 = Regular arrangement for childcare/daycare where care is provided, for pay, while the parent works, attends school, or is involved in other activities. Childcare **# OF HOURS IN CHILDCARE PER** CAW4X01 can include being taken care of by an individual paid to AVERAGE WEEK watch the child at home, or the child may be brought to the care giver's home. The child may be minded by a neighbor or grandparent for pay, or attend a "school" environment. COST OF CHILDCARE PER WEE AW4X02 Include paid babysitting. Does your child/do your children go to daycare or child PERSON WHO PAYS FOR CHILDCARE CAW4X03 care? 1 = Subject Or have a regular paid babysitter? 2 = Child's other biological rent What is the arrangement? 3 = Child's grandparents ully subsidized How many hours in an average week does s/he attend daycare/childcare? Other = Subject and other biological parent Or have a babysitter? share cost How much does it cost in an average week? Partial government subsidy/reduction in cost Who pays for it? Do you pay for it on your own? Does anyone help you? Is it subsidized or reduced by any public

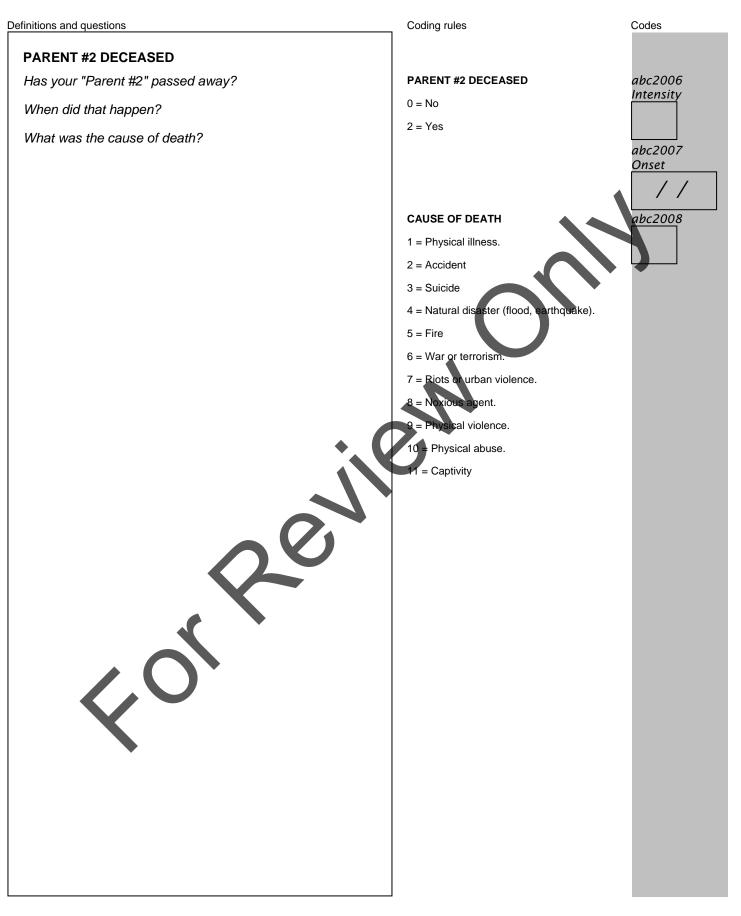
Definitions and questions Codes Coding rules **DAYCARE/CHILDCARE 5** DAYCARE/CHILDCARE CAW5E01 If subject has child/children ask about daycare/childcare. Intensity 0 = NoAsk separately about each child. 1 = Occasional babysitting only Many young children are regularly placed in a situation 2 = Regular arrangement for childcare/daycare where care is provided, for pay, while the parent works, attends school, or is involved in other activities. Childcare **# OF HOURS IN CHILDCARE PER** CAW5X01 can include being taken care of by an individual paid to AVERAGE WEEK watch the child at home, or the child may be brought to the care giver's home. The child may be minded by a neighbor or grandparent for pay, or attend a "school" environment. COST OF CHILDCARE PER WEE AW5X02 Include paid babysitting. Does your child/do your children go to daycare or child PERSON WHO PAYS FOR CHILDCARE CAW5X03 care? 1 = Subject Or have a regular paid babysitter? 2 = Child's other biological rent What is the arrangement? 3 = Child's grandparents ully subsidized How many hours in an average week does s/he attend daycare/childcare? Other = Subject and other biological parent Or have a babysitter? share cost How much does it cost in an average week? Partial government subsidy/reduction in cost Who pays for it? Do you pay for it on your own? Does anyone help you? Is it subsidized or reduced by any public

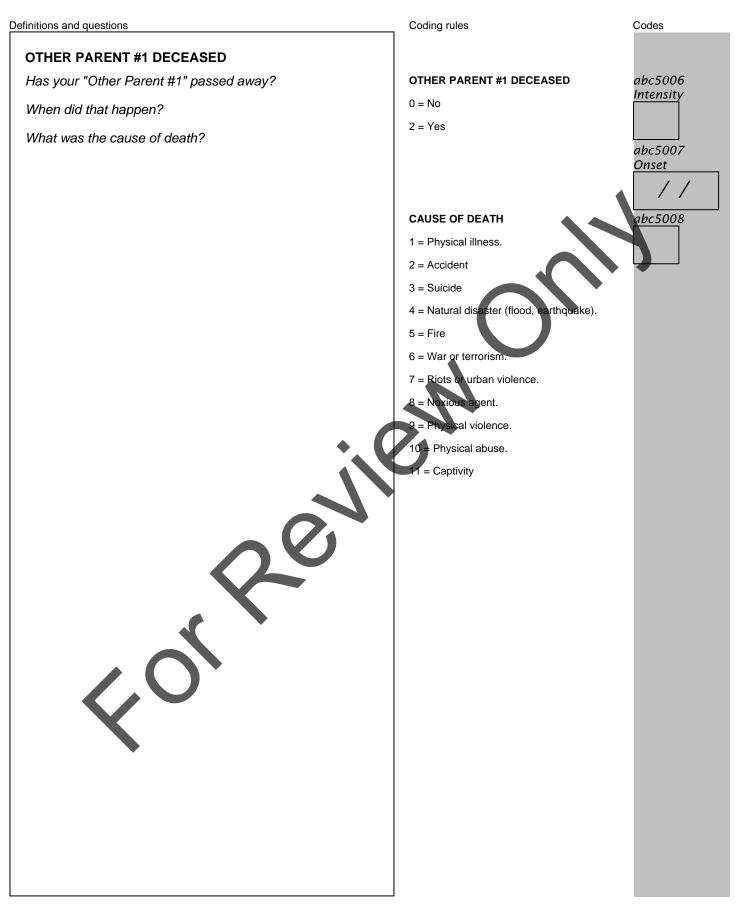
Definitions and questions Codes Coding rules **DAYCARE/CHILDCARE 6** DAYCARE/CHILDCARE CAW6E01 If subject has child/children ask about daycare/childcare. Intensity 0 = NoAsk separately about each child. 1 = Occasional babysitting only Many young children are regularly placed in a situation 2 = Regular arrangement for childcare/daycare where care is provided, for pay, while the parent works, attends school, or is involved in other activities. Childcare **# OF HOURS IN CHILDCARE PER** CAW6X01 can include being taken care of by an individual paid to AVERAGE WEEK watch the child at home, or the child may be brought to the care giver's home. The child may be minded by a neighbor AW6X02 or grandparent for pay, or attend a "school" environment. COST OF CHILDCARE PER WEE Include paid babysitting. Does your child/do your children go to daycare or child PERSON WHO PAYS FOR CHILDCARE CAW6X03 care? 1 = Subject Or have a regular paid babysitter? 2 = Child's other biological rent What is the arrangement? 3 = Child's grandparents ully subsidized How many hours in an average week does s/he attend daycare/childcare? Other = Subject and other biological parent Or have a babysitter? share cost How much does it cost in an average week? Partial government subsidy/reduction in cost Who pays for it? Do you pay for it on your own? Does anyone help you? Is it subsidized or reduced by any public

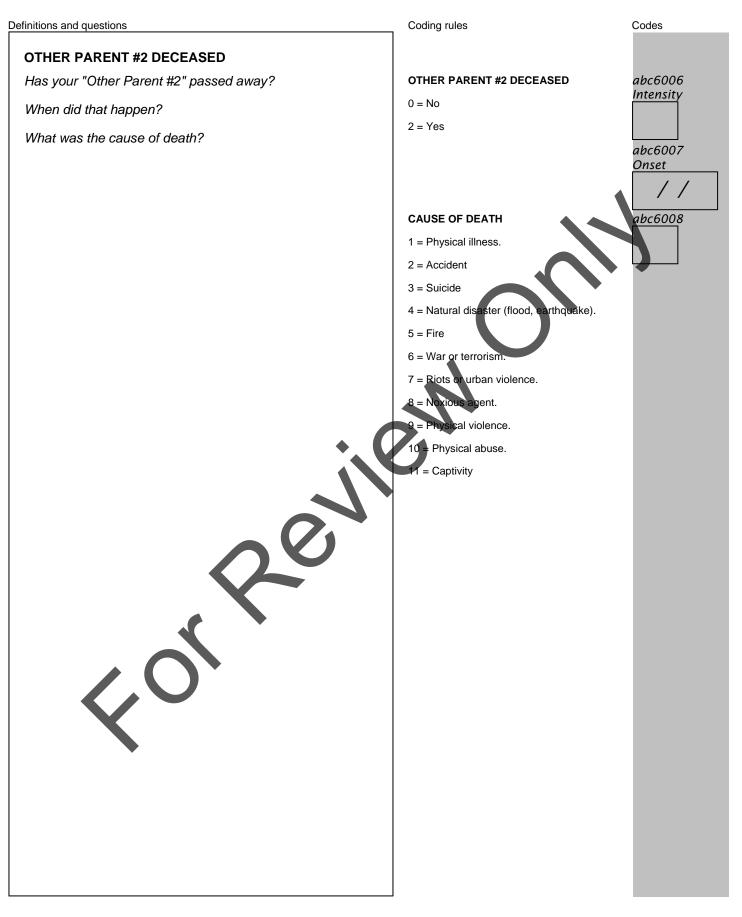
Definitions and questions Codes Coding rules **DAYCARE/CHILDCARE 7** DAYCARE/CHILDCARE CAW7E01 If subject has child/children ask about daycare/childcare. Intensity 0 = NoAsk separately about each child. 1 = Occasional babysitting only Many young children are regularly placed in a situation 2 = Regular arrangement for childcare/daycare where care is provided, for pay, while the parent works, attends school, or is involved in other activities. Childcare **# OF HOURS IN CHILDCARE PER** CAW7E02 can include being taken care of by an individual paid to AVERAGE WEEK watch the child at home, or the child may be brought to the care giver's home. The child may be minded by a neighbor or grandparent for pay, or attend a "school" environment. COST OF CHILDCARE PER WEE AW7E03 Include paid babysitting. Does your child/do your children go to daycare or child PERSON WHO PAYS FOR CHILDCARE CAW7E04 care? 1 = Subject Or have a regular paid babysitter? 2 = Child's other biological rent What is the arrangement? 3 = Child's grandparents ully subsidized How many hours in an average week does s/he attend daycare/childcare? Other = Subject and other biological parent Or have a babysitter? share cost How much does it cost in an average week? Partial government subsidy/reduction in cost Who pays for it? Do you pay for it on your own? Does anyone help you? Is it subsidized or reduced by any public











Definitions and questions Coding rules Codes **PARENTING- PARENT #1** Code here any relationship that the subject has with Parent **PARENT #1 INFORMATION** abc1000 Intensity #1. 0 = No2 = YesDo you see your "parent?" Or have any contact with him/her? CAS8F01 Frequency How often do you see your "parent?" How long does a visit usually last? **DURATION OF VISITS** CAS8D01 How many phone conversations have you had with 0 = >1 week "parent"? 1 = 1 day- 1 week Have you exchanged any letters or cards? $2 = < 1 \, day$ How do you get along with your "parent?" 3 = < 5 hours Are there any problems? What sort of problems? NUMBER OF PHONE CAL S/LETTERS CAS9F01 Do you enjoy spending time with him/her? What kind of things do you do together? Would you rather not see him/her? **OF RELATIONSHIP** CAT0I01 QUALI No evidence of relationship problems with absent parent. No relationship and child grieves or is gry over this. ar 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).

PARENTING-PARENT #2

Code here any relationship that the subject has with Parent #2.

Do you see your "parent?" Or have any contact with him/her?

How often do you see your "parent?"

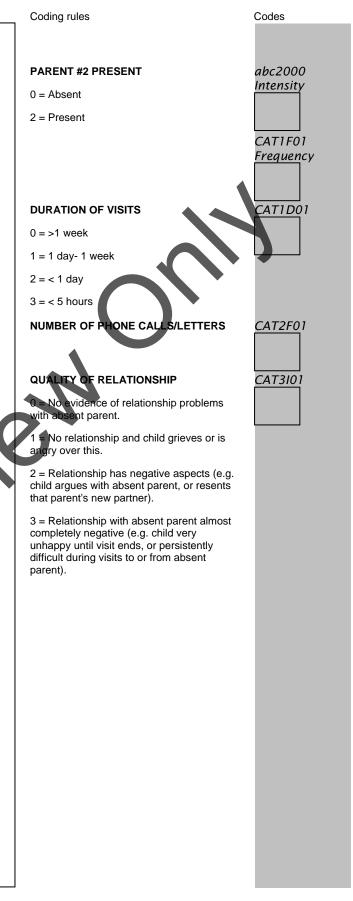
How long does a visit usually last?

How many phone conversations have you had with "parent"?

Have you exchanged any letters or cards?

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

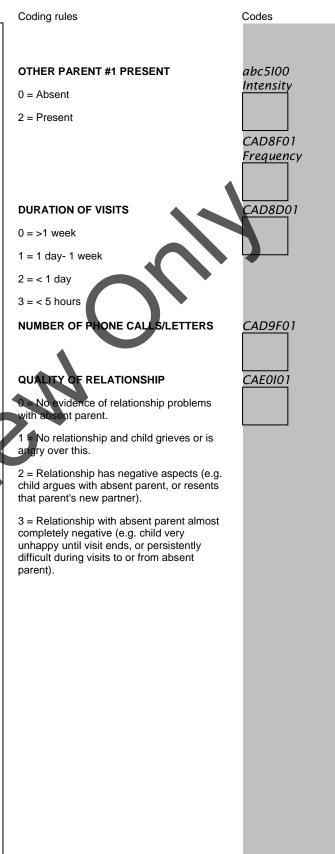
IF SUBJECT HAS NO DEPENDENT CHILDREN, SKIP TO NEXT SECTION. OTHERWISE ASK... IF NO DEPENDENT CHILDREN, SKIP TO "SUBJECT CARES FOR PARENT #1 AND/OR #2", (PAGE 43).



Definitions and questions	Coding rules	Codes
PARENT # 1 AND/OR #2 PROVIDE CHILD CARE		
<i>Do you ever need your parent(s) to help with child care?</i>	PARENT 1 AND/OR 2 PROVIDE CHILDCARE	ppc1000 Intensity
Are they willing to help? Have you asked them? How many hours a week? How long have they been helping like that? Do you pay them?	 0 = No children 1 = Children, but no need for parental child care 2 = Unable to provide child care because of distance, health, etc. 3 = Refuse to provide child care 4 = Provide small amounts, but not a regular source 5 = Regular source of child care PAYMENT FOR CHILDCARE 0 = Not relevant 1 = No payment 2 = Subject pays parents for childcare 	ppc1001

Definitions and questions	Coding rules	Codes
SUBJECT CARES FOR PARENT #1 AND/OR #2		
IF PARENT #1 AND #2 ARE BOTH DEAD, SKIP TO NEXT	CARING FOR PARENTS	cfp0500
SECTION. OTHERWISE, ASK	0 = No	Intensity
<i>Do you have to provide any care or assistance to your</i> "Parent #1 and Parent #2"?	2 = Yes	
	SUBJECT CARES FOR PARENTS	<i>cfp1000</i>
Do they need you to help them around the house?	1 = Parents need no help	
Or with transportation? Or shopping?	2 = Parents need help but subject cannot provide it (because of ill-health, distance, poverty, overwork, etc.)	
When did that start?	3 = Parents need help but subject will not provide it (because of bad feeling or	
How many hours a week do you spend helping them?	quarrels)	-
Do they pay you to help them?	4 = Parents need help but subject's spouse will not let him/her provide it	
	5 = Subject provides needed help for parent(s)	
	6 = No Living Parents	
	CFP101	cfp1001
	HOURS	cfp1002
	0	Duration
	PAID TO CARE FOR PARENTS	cfp1003
	0 = No 2 = Yes	
	2 = 165	
SUBJECT HAS OTHER PARENTS		
Mark "Yes" if subject has more than two parents	SUBJECT HAS OTHER PARENTS	ywn8808
	0 = No	Intensity
	2 = Yes	
IF SUBJECT HAS NO "OTHER		
PARENTS", SKIP TO "SPOUSE/LIVE-IN		
PARTNER DISRUPTION OF LIFE ROLE", (PAGE 48).		

Wave P eYAPA 2.0.3 Definitions and questions Coding rules **PARENTING-OTHER PARENT #1** Code here any relationship that the subject has with Other Parent #1. 0 = Absent 2 = Present IF PARENT DEAD, MOVE TO OTHER PARENT #2. IF NOT, ASK, Do/did you have another parental figure? Do you see your "parent?" Or have any contact with him/her? 0 = >1 week How often do you see your "parent?" 1 = 1 day- 1 week How long does a visit usually last? $2 = < 1 \, day$ How many phone conversations have you had with 3 = < 5 hours "parent"? Have you exchanged any letters or cards? How do you get along with your "parent?" QUALITY Are there any problems? What sort of problems? with absent parent. Do you enjoy spending time with him/her? What kind of things do you do together? Would you rather not see him/her? gry over this. ar parent).



PARENTING-OTHER PARENT #2

Code here any relationship that the subject has with Other Parent #2.

Have you had any other parental figure? Who? Do you see your "parent?" Or have any contact with him/her?

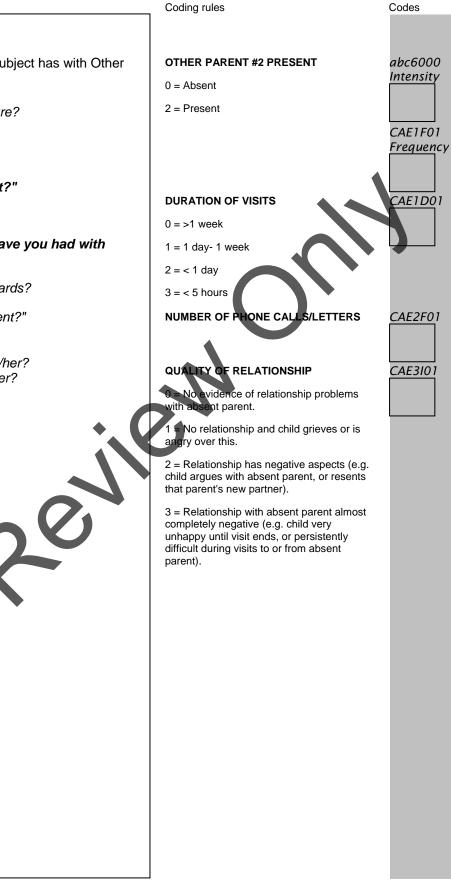
How often do you see your "parent?"

How long does a visit usually last?

How many phone conversations have you had with "parent"?

Have you exchanged any letters or cards?

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

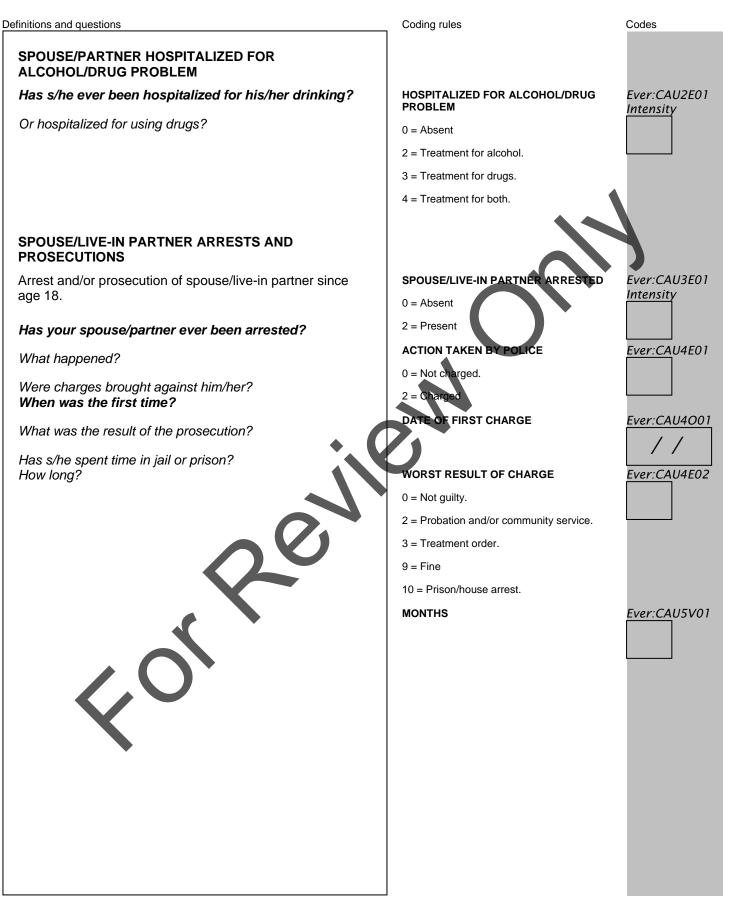


Definitions and questions	Coding rules	Codes
OTHER PARENT #1 AND/OR #2 PROVIDE CHILDCARE		
<i>Do you ever need your parent(s) to help with child care?</i>	OTHER PARENT 1 AND/OR 2 PROVIDE CHILDCARE	ppc3000 Intensity
Are they willing to help? Have you asked them? How many hours a week? How long have they been helping like that? Do you pay them?	 0 = No children 1 = Children, but no need for parental child care 2 = Unable to provide child care because of distance, health, etc. 3 = Refuse to provide child care 	
	 4 = Provide small amounts, but not a regular source 5 = Regular source of child care 	3
	PAYMENT FOR CHILDCARE 0 = Not relevant 1 = No payment	ppc3001
	2 = Subject pays parents for childcare	
20		
]	

Definitions and questions	Coding rules	Codes
SUBJECT CARES FOR OTHER PARENT #1 AND/OR 2		
IF OTHER PARENT #1 AND #2 ARE BOTH DEAD, SKIP TO NEXT SECTION. OTHERWISE, ASK	CARING FOR OTHER PARENTS 0 = No	cfp2909 Intensity
<i>Do you have to provide any care or assistance to your "other parents"?</i>	2 = Yes SUBJECT CARES FOR PARENTS	
Do they need you to help them around the house?	1 = Parents need no help	
Or with transportation? Or shopping?	2 = Parents need help but subject cannot provide it (because of ill-health, distance, poverty, overwork, etc.)	
When did that start?	3 = Parents need help but subject will not provide it (because of bad feeling or	
How many hours a week to you spend helping them?	quarrels) 4 = Parents need help but subjects spouse	
Do they pay you to help them?	will not let him/her provide it 5 = Subject provides needed help for parent(s)	
IF NO SPOUSE/PARTNER, SKIP TO NEXT ITEM IF SPOUSE/PARTNER NOT APPLICABLE, SKIP TO "FAMILY LIFE AND RELATIONSHIPS", (PAGE 52).	6 = No Living Parents CFP301 HOURS 0 = No 2 = Yes	cfp3001 / / cfp3002 Duration cfp3003

Definitions and questions	Coding rules	Codes
SPOUSE/LIVE-IN PARTNER DISRUPTION OF LIFE ROLE		
Psychological, nervous, or psychiatric problems, which have either caused a spouse/partner 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 household, loss of job etc.).	DISRUPTION OF LIFE ROLE 0 = No 2 = Yes	Ever:abc0106 Intensity
Does your spouse/partner have any "emotional" or "nervous" problems like "depression" or "nerves?"		
Has s/he ever?		
Have they affected your "spouse/partner's" life much? In what way? How about work?		•
SPOUSE/LIVE-IN PARTNER SOUGHT TREATMENT FROM MENTAL HEALTH PROFESSIONAL		
Has your "spouse/partner" had any treatment for "problem"?	SOUGHT TREATMENT FROM MENTAL HEALTH PROFESSIONAL	Ever:CAT6E01 Intensity
What sort of treatment?	0 = No 2 = Yes	
SPOUSE/LIVE-IN PARTNER RECEIVED MEDICATION		
Has your spouse/partner ever received medication for "problem"?	RECEIVED MEDICATION 0 = No 2 = Yes	Ever:CAT7E01 Intensity
SPOUSE/LIVE-IN PARTNER HOSPITALIZED FOR MENTAL HEALTH PROBLEM		
Has your "spouse/partner" ever been in a psychiatric hospital?	HOSPITALIZED FOR MENTAL HEALTH PROBLEM	Ever:CAT8E01 Intensity
	0 = No 2 = Yes	
	2 - 103	

SPOUSE/LIVE-IN PARTNER DRUG/ALCOHOL A lavel of alcohol or drug use that has caused a spouse/partner to seek treatment, or led to family or social disruption, or impaired performance in a major life role (e.g. mability to care adequately for children, loss of job, loss of dirers i leanse. Tell me about how much your spouse drinks. Des your spouse/partner dink much? Has direct adequately for children, loss of job, loss of direct i leanse. Area does she drink? Does your spouse/partner dink much? Mar does she drink? Does she use? Has direct and to any problems? What does she use? As she over used drugs? Mart dapens? Has direct adeouately for children, loss outside the home? Does she use? Mart dapens? Has direct adeouately for children, loss outside the home? Does she use? Mart dapens? Has direct adeouately the problems? What doot of problems? What doot of problems? Mart dapens? Has direct adeouately the problems outside the home? Does she very for diolon? What doot of droblems? What doot of droblems? Mart dapens? Has direct pool droblems? Does she very for direct pool the droble mobility or care droblems outside the home droblems? Does she very had any treatment the nolling? O treatment for using drogs? Has direct pool the droblems? Mart dapens? As direct pool the droblems? Does devery had any treatment the nolling ho	Definitions and questions	Coding rules	Codes
spouse/partner to seek treatment, or led to family or social ALCOHOL PROBLEM (PP) Intensity 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. 0 = No 2 = Yes Tell me about how much your spouse drinks. Does your spouse/partner drink much? 0 = No 2 = Yes Has s/he ever had a problem with drinking? 0 = No 2 = Yes Ever:CAU0E01 How much does s/he drink? 0 = No 2 = Yes Ever:CAU0E01 Does s/he use any drugs? Has s/he ever used drugs? 0 = No 2 = Yes What does s/he drink? Does s/he use? Has that caused him/her any problems? Does it acuse arguments? Does it cause arguments? Does it cause arguments? Ever:CAU0E01 Does s/he ever yeat violent? What sort of problems? SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM CAU1E01 Has s/he ever had any treatment horms/her drinking? 0 = Absent 2 = Treatment for alcohol. CAU1E01			
Tell me about how much your spouse drinks. Does your spouse/partner drink much? Has s/he ever had a problem with drinking? Intensity How much does s/he drink? 2 = Yes How often does s/he drink? Does s/he drink? Does s/he use any drugs? Has s/he ever used drugs? What does s/he use? Has that caused him/her any problems? Does that lead to any problems? Does it cause arguments? Does that lead to any problems? What sort of problems? What sort of problems? CAUIE01 Has s/he ever had any treatment to this/her drinking? O = Absent 0 = Absent 2 = Treatment for alcohol.	spouse/partner 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, loss of	ALCOHOL PROBLEM (PP) 0 = No 2 = Yes	Intensity
How much does s/he drink? How often does s/he drink? Does s/he use any drugs? Has that caused him/her any problems? Does s/he ever used drugs? Does sit a use arguments? Does sit a use arguments? Does sit cause arguments? Does si he ever get violent? What sort of problems? Has drinking alcohol caused any problems outside that hom? What sort of problems? SPOUSE/LIVE-IN PARTNER SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM Has s/he ever had any treatment houris/her drinking? Or treatment for using drugs? U = Absent 2 = Treatment for alcohol.	Does your spouse/partner drink much?	0 = No	Intensity
How often does s/he drink? Does s/he use any drugs? Has s/he ever used drugs? What does s/he use? Has that caused him/her any problems? Does that lead to any problems? What sort of problems? Does that lead to any problems? Does that lead to any problems? Does that lead to any problems? What sort of problems? What happens? Has drinking alcohol caused any problems outside the home? What sort of problems? What sort of problems? By DOUSE/LIVE-IN PARTNER SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM Has s/he ever had any treatment for usis/her drinking? Or treatment for using drugs? U = Absent 2 = Treatment for alcohol.	Has s/he ever had a problem with drinking?		
What does s/he use? Has that caused him/her any problems? Does that lead to any problems? What sort of problems? Does sit cause arguments? Does s/he ever get violent? What happens? Has drinking alcohol caused any problems outside the home? What sort of problems? SPOUSE/LIVE-IN PARTNER SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM Has s/he ever had any treatment for his/her dninking? Or treatment for using drugs? Q = Absent 2 = Treatment for alcohol.	How often does s/he drink?		
Has that caused him/her any problems? 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? SPOUSE/LIVE-IN PARTNER SOUGHT TREATMENT FOR ALCOHOL/DRUG PROBLEM Has s/he ever had any treatment for mis/her drinking? Or treatment for using drugs? U = Absent 2 = Treatment for alcohol.	Has s/he ever used drugs?		
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? SPOUSE/LIVE-IN PARTNER SOUCHT TREATMENT FOR ALCOHOL/DRUG PROBLEM Has s/he ever had any treatment for his/her drinking? Or treatment for using drugs? O = Absent 2 = Treatment for alcohol.			
TREATMENT FOR ALCOHOL/DRUG PROBLEM Has s/he ever had any treatment for his/her drinking? Or treatment for using drugs? 0 = Absent 2 = Treatment for alcohol.	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?		
Or treatment for using drugs? ALCOHOL/DRUG PROBLEM Intensity 0 = Absent 2 = Treatment for alcohol. Intensity	TREATMENT FOR ALCOHOL/DRUG PROBLEM		
2 = Treatment for alcohol.			
2 = Treatment for alcohol. 3 = Treatment for drugs. 4 = Treatment for both.			
4 = Treatment for both.			



SPOUSAL/PARTNER ARGUMENTS

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 your spouse/partner?

What are they usually like? Do either of you raise your voice, scream, or shout? How long does an argument last?

How many arguments have you had with him/her over the last 3 months?

When did you start having arguments with him/her?

INTER-SPOUSAL PHYSICAL VIOLENCE

Any form of physical aggression from either partner.

Has either of you ever "hit" or "beat up" the other?

Has there ever been any form of violence between you?

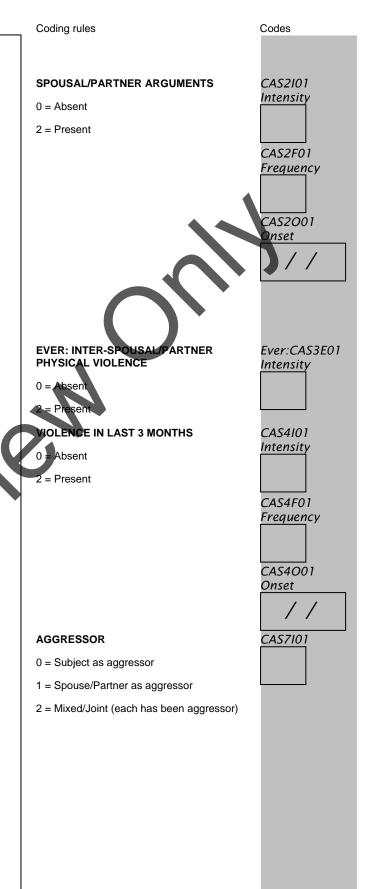
Has there been any violence or hitting between you in the last 3 months?

How many times has that happened in the last 3 months?

When was the first time that either of you hit the other? Or the first time any act of violence occurred between you?

Who usually starts the physical part of Have you ever started it?





FAMILY LIFE AND RELATIONSHIPS

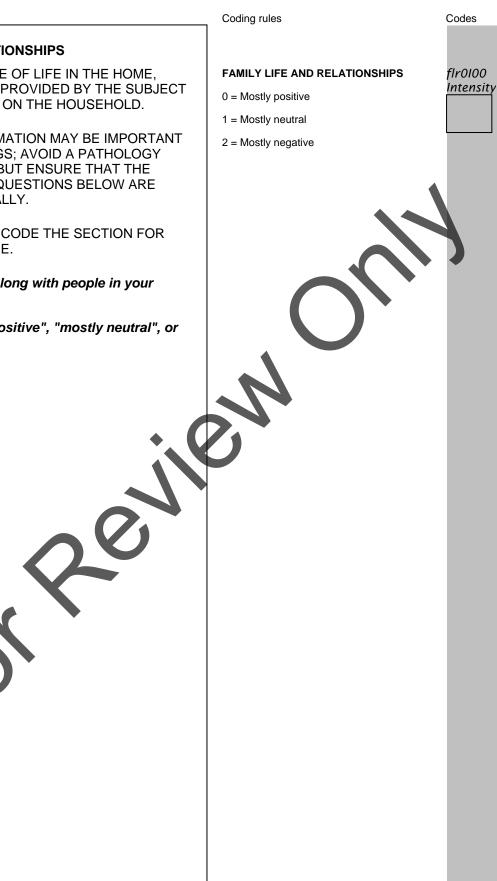
GET A GENERAL PICTURE OF LIFE IN THE HOME, FOLLOWING ANY LEADS PROVIDED BY THE SUBJECT IN GIVING INFORMATION ON THE HOUSEHOLD.

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 LIVING OUT OF THE HOME.

Overall, how do you get along with people in your family?

Would you say "mostly positive", "mostly neutral", or "mostly negative"?



Definitions and questions Coding rules Coding rules Codes SOCIAL ACTIVITIES AND RELATIONSHIPS NUMBER OF ARGUMENTS WITH PEOPLE WHOM YOU SEE OUTSIDE OF THE SCHOOL OR WORK ENVIRONMENT Arguments with PEOPLE OUTSIDE of COLLEGE/UNIVERSITY OR WORK CAU7E Intensi 0 = Absent 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. Arguments with PEOPLE OUTSIDE OF COLLEGE/UNIVERSITY OR WORK CAU7E Intensi 0 = Absent Do you have arguments with people whom you see outside of "class" or "work?" 0 = Absent 2 = Present Who do you argue with? Tell me about the last time. How long do these arguments last? CAU7E Onset CAU7E Onset When did that start? Did the arguments get physical? What happened? How many times has that happened in the last 3 months? 0 = Absent 2 = Present When was the first time you had an argument that turned physical? CAU8001 CAU8E	
5 minutes, that results in a dispute involving raised voices, shouting, verbal abuse, or physical aggression or fights. OF COLLEGE/UNIVERSITY OR WORK Intensi Do you have arguments with people whom you see outside of "class" or "work?" 0 = Absent 2 = Present Who do you argue with? Tell me about the last time. CAU7F How many arguments have you had with people (outside of the school or work environment) over the last three months? CAU7C Onset When did that start? Jid the arguments get physical? Ven many times has that happened in the last 3 months? 0 = Absent CAU8E When was the first time you had an argument that turned physical? CAU8E CAU8E CAU8E	
Do you have arguments with people whom you see outside of "class" or "work?" CAU7F Who do you argue with? Tell me about the last time. How long do these arguments last? CAU7C How many arguments have you had with people (outside of the school or work environment) over the last three months? CAU7C When did that start? CAU8IC Did the arguments get physical? 0 = Absent When was the first time you had an argument that turned physical? 0 = Absent	-
Who do you argue with? Tell me about the last time. How long do these arguments last? How many arguments have you had with people (outside of the school or work environment) over the last three months? When did that start? Did the arguments get physical? When was the first time you had an argument that turned physical?	
How many arguments have you had with people (outside of the school or work environment) over the last three months? Onset When did that start? ARGUMENTS WITH PHYSICAL VIOLENCE BY SUBJECT CAUBIO Did the arguments get physical? 0 = Absent 0 When was the first time you had an argument that turned physical? When was the first time you had an argument that turned 0	
When did that start? VIOLENCE BY SUBJECT Did the arguments get physical? 0 = Absent What happened? 2 = Present How many times has that happened in the last 3 months? * TIMES When was the first time you had an argument that turned physical? • CAU8F	/
What happened? How many times has that happened in the last 3 months? When was the first time you had an argument that turned physical?)
When was the first time you had an argument that turned physical?	
CAU8001 CAU8C	01
OTHER PHYSICAL VIOLENCE BY SUBJECT (OUTSIDE OF CLASS OR WORK)	<u>>01</u>
Have you "hit" anyone (outside of class or work) over the last three months? OTHER PHYSICAL VIOLENCE BY CAU9IC Intensi	
How many times?	
When was the first time?	
CAU9C Onset	

FREQUENCY OF CONTACT WITH FRIEND (PEERS AND OTHER ADULTS)

How often do you see your friends, outside of college or work?

Or other people you know?

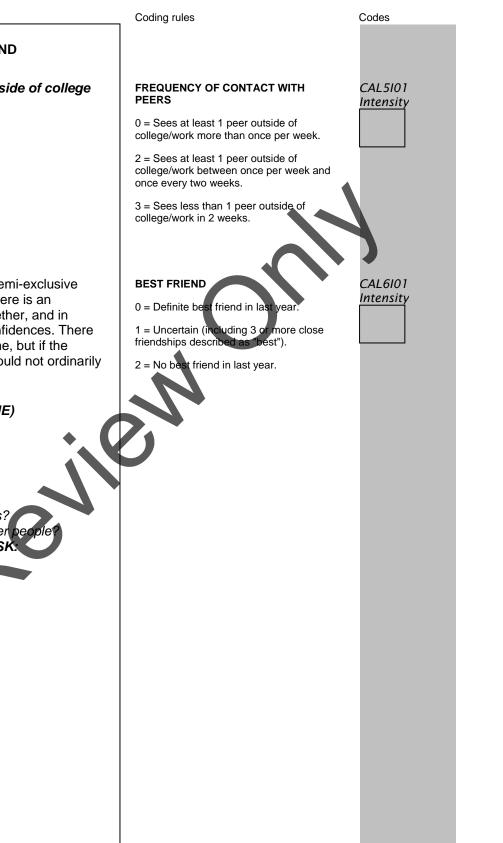
BEST FRIEND

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? In what way is s/he your best friend? Is that different from your other friendships? Do you tell "X" things you wouldn't tell other people? **IF NO "BEST FRIEND" CURRENTLY, ASK:**

Have you had a best friend in the pas



CONFIDANT(E) AMONG PEERS OR OTHER ADULTS

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

Do not include sibling relationships here.

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

Do you share "secrets" with anyone?

Who is that?

CONFIDANT(E) IN FAMILY

Is there anyone in your family you have talked to about your feelings?

Who is that?

CONFIDANT(E) IN FAMILY

Coding rules

OTHER ADULTS

feelings in last year.

2 = No confidant(e).

to wider non-exclusive group).

CONFIDANT(E) AMONG PEERS OR

0 = Definite confidant(e) with whom shared

1 = Uncertain (including sharing of feelings

CAL8I01 Intensity

0 = Definite confidant(e) with whom shared feelings in last year.

I = Uncertain (including sharing of feelings to wider non-exclusive group).

2 = No confidant(e)

Codes

CAV0101

Intensity

DIFFICULTY MAKING OR KEEPING FRIENDS

Subject has difficulty either forming or maintaining friendships, which is evidenced by having no or few friends. The difficulty may be due to failure to approach other people (withdrawal) or aggressive relationships with other people (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?

Do you have any trouble keeping friends? Do you find other people don't want to "spend time"/"hang out" with you?

Do you find you don't get invited to join in with group activities?

What happens?

Do you think you are more shy than other people your age? Does that affect your making/keeping friends?

Or do you get into argument or fights with friends or others 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?

IF SUBJECT HAS DIFFICULTY MAKING OR KEEPING FRIENDS DUE TO DISCORD, THEN, SKIP TO "SHYNESS WITH PEERS", (PAGE 5).

	Coding rules	Codes
	DIFFICULTY MAKING OR KEEPING FRIENDS	CAM0I03 Intensity
	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.	
	WITHDRAWAL	CAMOIO1
	0 = Absent	
	2 = Present in at least 2 activities and at least sometimes uncontrollable	
	3 = Present in most activities and almost never controllable	
	DISCORD	CAM0I02
	0 = Absent	
	2 = Present in at least 2 activities and at least sometimes uncontrollable	
	3 = Present in most activities and almost never controllable	
K	0	CAM0O01 Onset
Ť		//

CONFLICTUAL RELATIONSHIP WITH FRIENDS

The subject has relationships with a friend or friends that include substantial amounts of physical or verbal aggression or arguments. Conflict does not cause problem in making or keeping friends.

You told me that you don't have difficulty making or keeping friends. But, do you have a lot of conflicts with your friends? Do you have any friends that you spend a good deal of time arguing with, fussing, or fighting?

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.

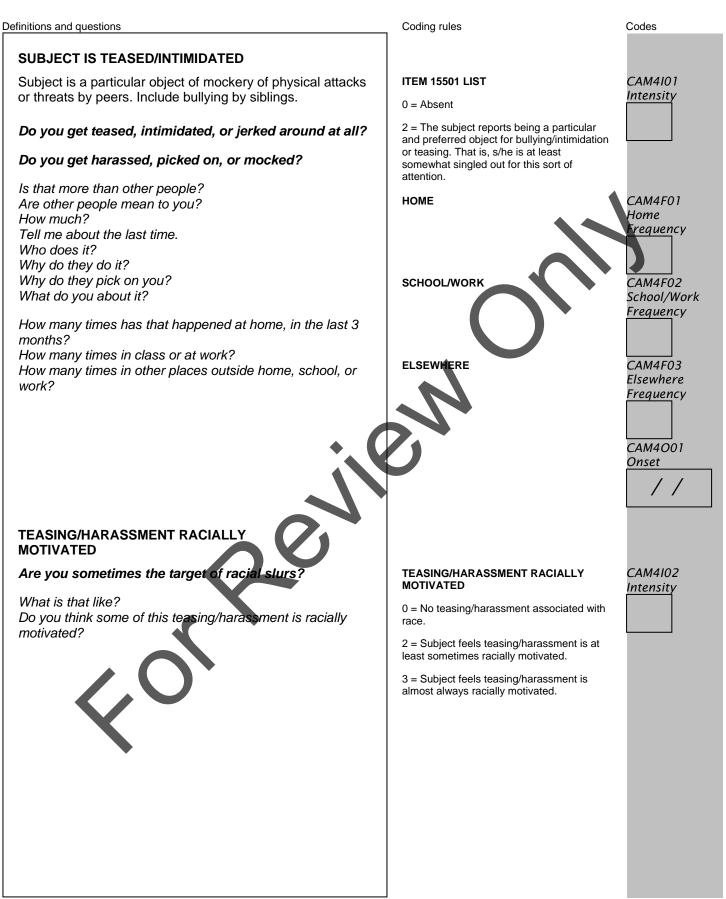
Do you think that you're more shy than other people?

In what way?

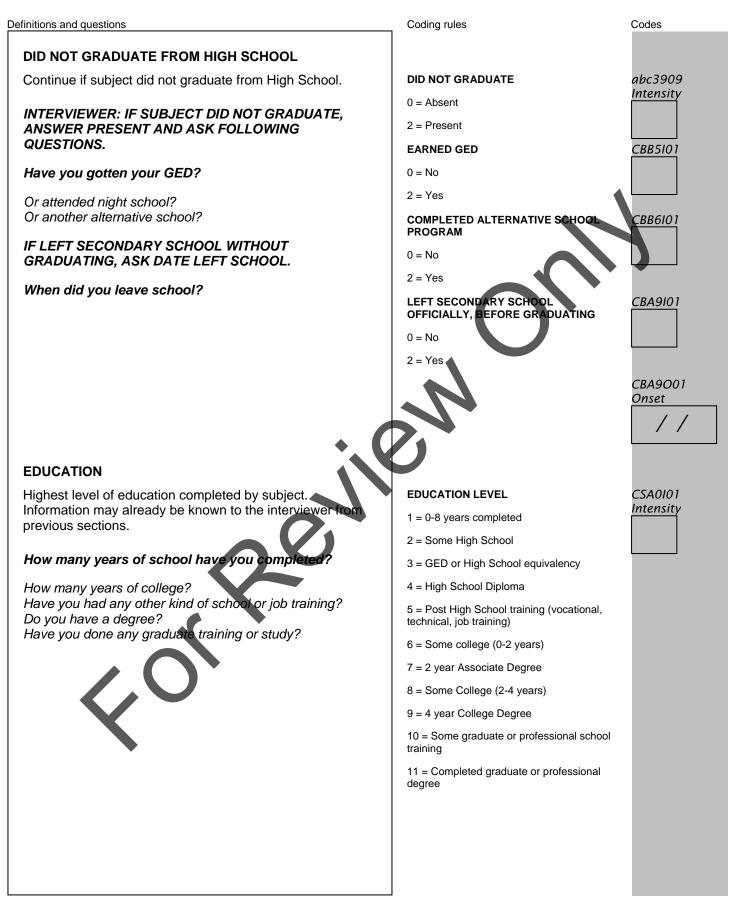
How shy? Does that stop you from doing anything? Can you tell me about the last time it did?

Coding rules Codes CONFLICTUAL RELATIONSHIP WITH FRIENDS 0 = Absent 2 = Present with at least one friend. 3 = Most or all friendships characterized by conflictual relationships. SHYNESS WITH PEERS AM3101 Intensity 0 = Absent 2 = Shyness involving definite discomfort on meeting new people with whom subject has no special reason to feel such discomfort.





Definitions and questions Coding rules Codes "SCHIZOID" LACK OF INTEREST IN PEOPLE Subject has pervasive lack of interest in peers that is not a "SCHIZOID" LACK OF INTEREST IN CAM5101 PEOPLE consequence of anxiety; does not seek increased contact Intensity with them; and lacks a sense of closeness or involvement 0 = Absent with other people. 2 = Present Do you prefer doing things alone or with other people? Why is that? Do you enjoy being with people? How well do you think you fit in with other people? Are you usually one of the group? Is there anyone you feel really close to? Do you have a special friend? Do you wish you had more friends? Why don't you have more friends? LACK OF EMPATHY CAM6101 A lack of awareness of, and sensitivity to, other people's EMPATHY Intensity 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. Present Can you usually tell when other people are upset? happy? What about your family? Do your friends talk with you about their worrie troubles? IF NO: Why not? SCHOOL HISTORY **GRADUATED HIGH SCHOOL** Did you graduate from high school? **GRADUATED HIGH SCHOOL** CBA4101 Intensity 0 = NoWhen did you graduate? 2 = YesCBA4001 CBA4001 / /



Wave P eYAPA 2.0.3 Definitions and questions Coding rules Codes **EDUCATIONAL SETTING** Are you currently in an educational setting of any EDUCATIONAL SETTING CSA0102 kind? Intensity 0 = Not receiving any education Are you in college? 5 = Vocational, technical, job training Are you working for an undergraduate degree? 7 = 2 year associate degree program Or a graduate degree? Or a professional qualification, like a law degree? 9 = 4 year college degree program Or are you receiving technical training? 11 = Graduate or Professional school Or training in the military? 12 = Training in the Military SPOUSE/PARTNER EDUCATIONAL SETTING SPOUSE/PARTNER IN EDUCATIONAL CSA0104 If subject has spouse or live-in partner, continue... SETTING Intensity Is your spouse/partner currently in an educational setting of 0 = Noany kind? Is s/he in college? 2 = YesIs s/he working for an undergraduate degree? SPOUSE/PARTNER EDUCATIONAL CSA0105 Or a graduate degree? SETTING Or a professional qualification, like a law degree? 0 = Not receiving any education Or is s/he receiving technical training? Or training in the military? Vocational, technical, job training 2 year associate degree program = 4 year college degree program 11 = Graduate or Professional school 12 = Training in the Military

Definitions and questions Coding rules Codes NUMBER OF ARGUMENTS WITH **INSTRUCTORS, PROFESSORS, OR MILITARY SUPERIORS** NUMBER OF ARGUMENTS WITH CBB7101 An argument is defined as a disagreement, lasting at least INSTRUCTORS, PROFESSORS, OR 5 minutes, that results in a dispute involving raised voices, Intensity MILITARY SUPERIORS shouting, verbal abuse, or physical aggression or fights. 0 = NoDo you have arguments with your 2 = Yesinstructors/professors/commanding officers? CBB7F01 Who do you argue with? Frequency Tell me about the last time. How long do these arguments last? CBB7001 Onset How many arguments have you had with them over the last three months? | | When did these arguments start? CBB8I01 ARGUMENTS WITH PHYSICAL VIOLENCE BY SUBJECT Have you "hit" a "professor/instructor/superior" over the last three months? 0 = NoDid the arguments get physical? What happened? CBB8F0 CBB8F01 How many times have you had an argument like that, with instructors, professors or superiors? CBB8001 CBB8001 When was the first time you had an argument with an | | instructor, professor, or superior that turned physical? OTHER PHYSICAL VIOLENCE BY SUBJE (EDUCATIONAL/WORK SETTING) Have you "hit" an "instructor, professor or superior" OTHER PHYSICAL VIOLENCE BY CBB9101 SUBJECT (WITHOUT ARGUMENTS) over the last three months? Intensity 0 = NoHow many times has that happened? 2 = YesWhen was the first time? CBB9F01 Frequency CBB9001 Onset

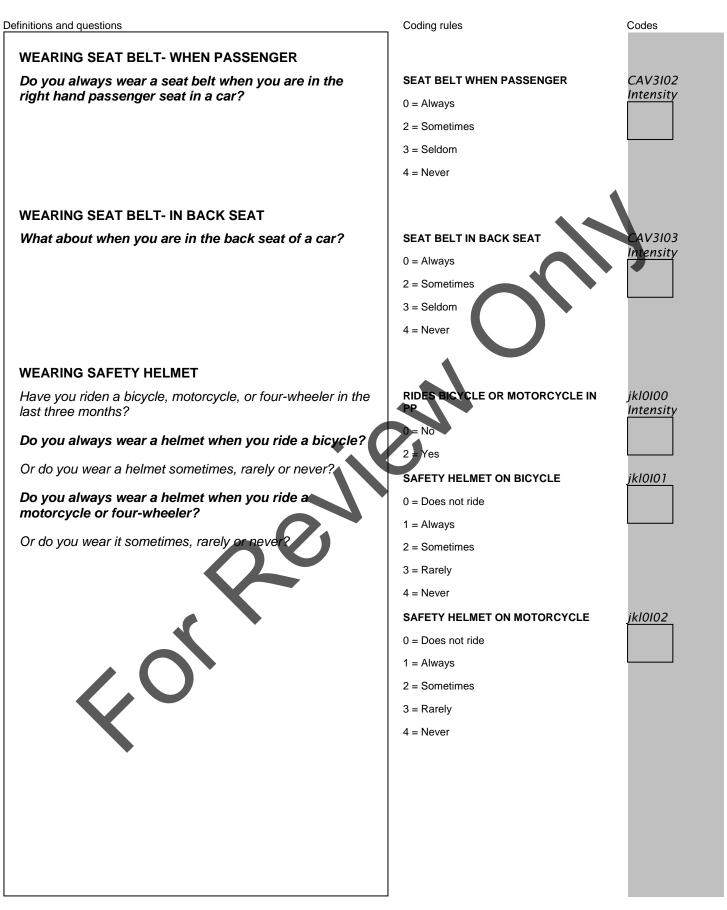
Definitions and questions Coding rules Codes NUMBER OF ARGUMENTS WITH PEOPLE AT **COLLEGE/UNIVERSITY** An argument is defined as a disagreement, lasting at least NUMBER OF ARGUMENTS WITH CBC0101 PEOPLE AT COLLEGE/UNIVERSITY 5 minutes, that results in a dispute involving raised voices, Intensity shouting, verbal abuse, or physical aggression or fights. 0 = No2 = YesDo you have arguments with other students you see at college/university? CBC0F01 Frequency Who do you argue with? Tell me about the last time. C0001 How long do these arguments last? \mathbf{O} set How often do you have these arguments? / / When did you start having arguments with people at college/university? **SKIPPED CLASSES IN COLLEGE/TECHINCAL/JOB TRAINING** PROGRAM EVER: SUBJECT ATTENDED COLLEGE/TECHNICAL/JOBTRAINING Have you ever attended college, technical school, or Ever:CBG4E11 Intensity job training? 0 Absent Did you ever skip, or cut, class...not go when you were Present expected? SKIPPED CLASSES IN Ever:CBG4E01 Or skipped classes? COLLEGE/TECHNICAL/JOB TRAINING CLASSES Have you cut classes in the last three month 0 = NoWhy was that? 2 = YesWere you sick? SKIPPED CLASSES IN CBG4101 WHEN WAS THE FIRST TIME? **COLLEGE/TECHNICAL/JOB TRAINING** Intensity CLASSES 0 = No2 = YesCBG4001 Ever:CBG4001 / /

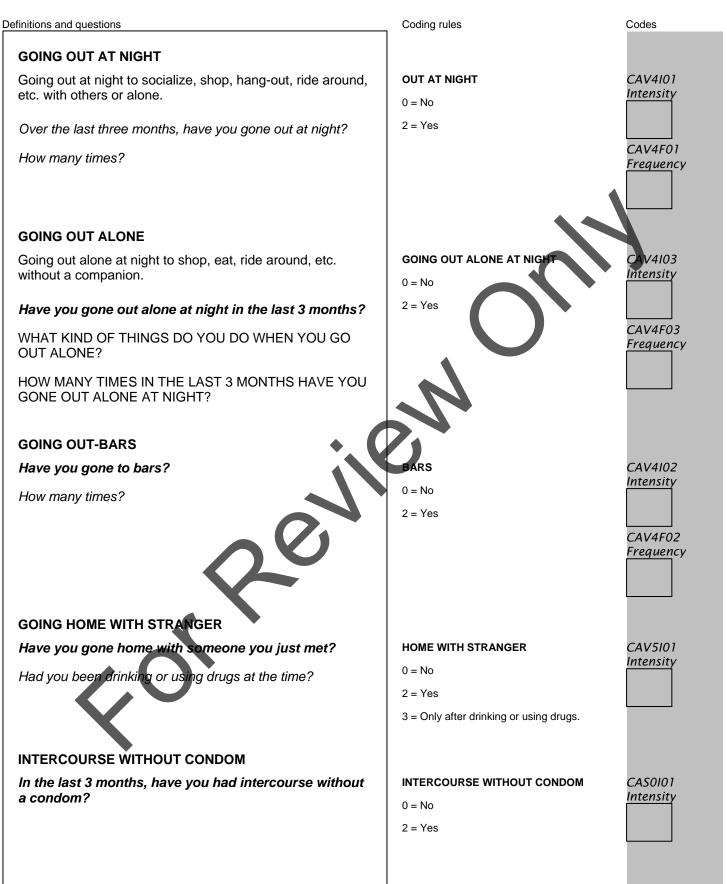
Viave P etapa 2.0.3		Cadaa
Definitions and questions	Coding rules	Codes
The subject engages in risky behavior of one or more types; including physically dangerous activity, taking dares,	RISKY BEHAVIORS SCREEN	RBS0100 Intensity
testing oneself, etc.	0 = Absent	
Over the last 3 months, have you done anything that	2 = Present	
was risky for you or someone you were with?		
Have you done anything potentially dangerous to you		
or others?		
Have you taken dares or done anything to test		
yourself?		
Can you give me an example?		
IF NO RISKY BEHAVIORS, SKIP TO "SAFETY OF NEIGHBORHOOD", (PAGE		
14).		
•		

finitions and questions	Coding rules	Codes
OTHER PHYSICAL DANGER		
What sort of things have you done that are dangerous for you or others?	PHYSICAL DANGER 0 = No	CAV9I01 Intensity
Can you think of any other examples? Had you been drinking or using drugs at the time?	2 = Yes 3 = Only after drinking or using drugs.	
TAKING RISKS DESPITE CONSEQUENCES		
Do you sometimes do things that you know are dangerous, but you do it anyway?	TAKES RISKS DESPITE CONSEQUENCES	CAW1101 Intensity
Can you give me an example? Do you do it even though you realize it's dangerous? Had you been drinking or using drugs at the time?	 0 = No 2 = Takes risks in at least 2 activities despite recognizing there might be dangerous consequences. 3 = Takes risks in most activities despite recognizing there might be dangerous consequences. 4 = Only after drinking or using drugs. 	
TAKING A RISKY DARE		
Over the last three months, what sort of risky dares have you taken? How many times? Had you been drinking or using drugs at the time?	TAKING A RISKY DARE 0 = No2 = Yes3 = Only after drinking or using drugs.	CAW2I01 Intensity
DANGEROUS HOBBIES Do you have any dangerous hobbies? Or things that you do for fun, that could cause you to get hurt or injured? What are your hobbies? Do you drive or ride on a motorcycle? Do you race cars? Keep snakes? Or other wild animals? Do you go mountain climbing or rappelling? Are any of your hobbies somewhat dangerous?	DANGEROUS HOBBIES PRESENT 0 = No 2 = Yes DANGEROUS HOBBIES 1 = Motorcycle 2 = Race cars. 3 = Snakes 4 = Wild animals. 5 = Mountain climbing or rappeling. 6 = Other Specify	CAV1100 Intensity CAV1101 CAV1102 CAV1103

Wave P eYAPA 2.0.3

initions and questions	Coding rules	Codes
LIKES DANGER		
Do you get a kick out of doing things that are	ENJOYS DANGER	CAW3I01
dangerous?	0 = No	Intensity
Had you been drinking or using drugs at the time?	2 = Yes	
	3 = Only after drinking or using drugs.	
TESTING ONESELF		
Do you do something dangerous just to test yourself?	TESTING ONESELF	CAW4101
Had you been drinking or using drugs at the time?	0 = No	Intensity
	2 = Yes	
	3 = Only after drinking or using drugs.	· ·
SAFETY OF NEIGHBORHOOD		
Do you feel safe around where you live?	SAFETY OF NEIGHBORHOOD	CAL0I01 Intensity
What is it like?	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	
• C	safèty.	
ENTERING RISKY NEIGHBORHOODS		
Going to neighborhoods considered dangerous because of crime, fights, drugs, etc. If the subject lives in an unsafe		CAV2I01 Intensity
neighborhood, code that item and do not code here	0 = No	
Have you gone to neighborhoods that some would describe	2 = Yes	
as risky?	3 = Only after drinking or using drugs.	
Is there a lot of crime there? Or drugs?		CAV2F01 Frequency
How often have you gone there in the last 3 months?		
When you go there, is it only after drinking or using drugs?		
WEARING SEAT BELT- WHEN DRIVING		
Do you always wear a seat belt when you are driving a car?	SEAT BELT WHEN DRIVING	CAV3I01 Intensity
	0 = Always	
How much of the time?	2 = Sometimes	
	3 = Seldom	
	4 = Never	

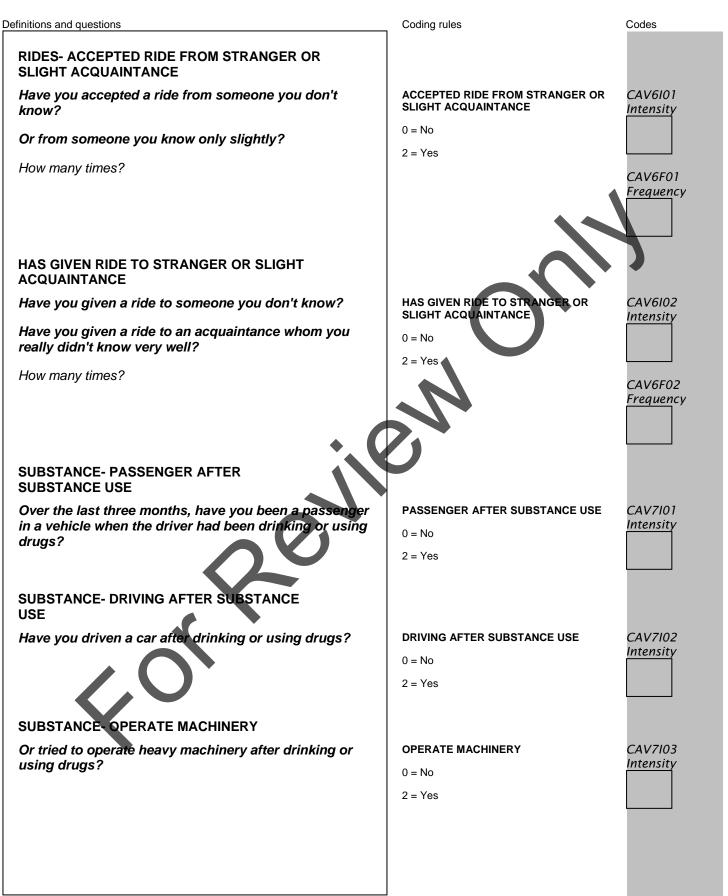


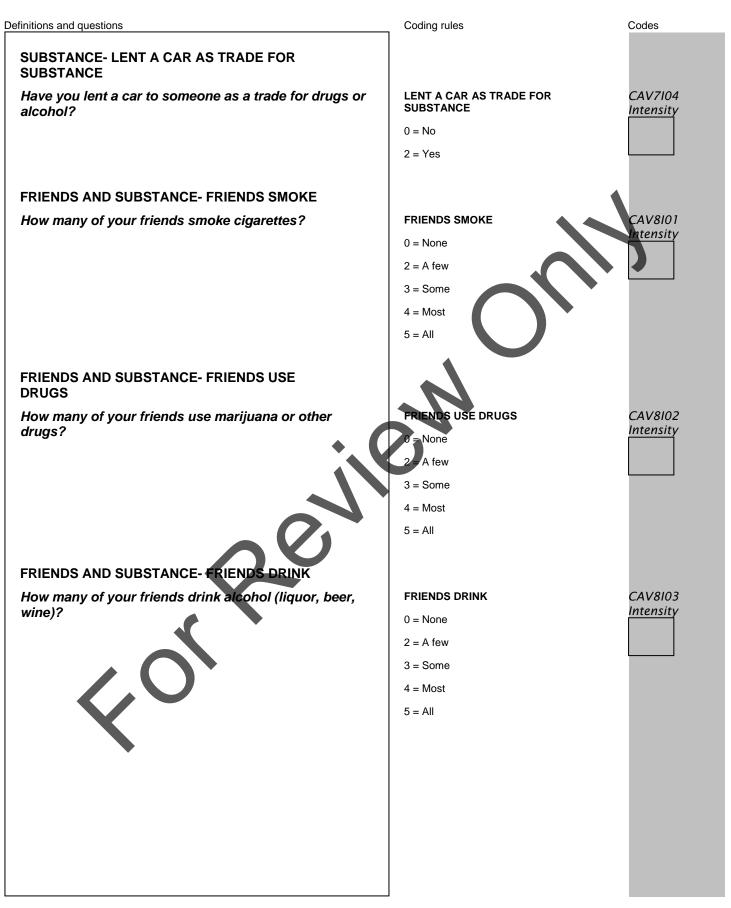


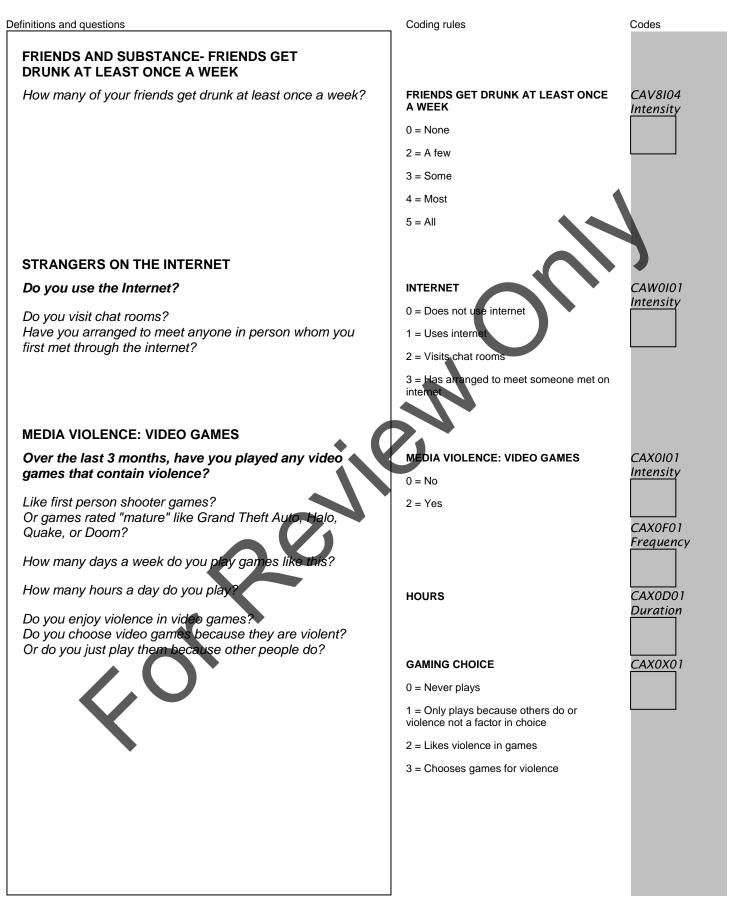
itions and questions	Coding rules	Codes
ORMS OF BIRTH CONTROL		
ave you used any form(s) of birth control in the last 3	BIRTH CONTROL USED	fbc0101
nonths?	0 = No	Intensity
/hat forms of birth control have you used over the last 3 nonths?	2 = Yes	
uch as birth control pills, Depoprovera, the patch, IUD, tc.	FORMS OF BIRTH CONTROL USED MOST FREQUENTLY IN LAST 3	CAS0X01
ou used any other forms of birth control over the last	MONTHS	
months?	1 = Condom	CASOXO2
	2 = Foam/spermicide/cream	
	3 = Birth control pills.	CASOX03
	4 = Vasectomy	
	5 = Tubal Ligation	
	6 = Norplant (Implants in arm).	
	7 = Depoprovera (Shots).	
	8 = Withdrawal/outercourse.	
	9 = Rhythm/calender/charting.	
	10 = Diaphragm/cervical cap.	
	11 = Intrauterine device.	
 . (.) 	12 = Morning after treatment.	
	13 = Contraceptive Ring	
	14 = Contraceptive Patch	
	15 = Other	
IV TESTING		
want to assure you that the blood we took with the	TESTING FOR HIV	Ever:CAW6I0
nger prick is only being used to look for hormonal	0 = No	Intensity
nd chemical levels associated with life stressors. That completely confidential. We are not testing for HIV or	2 = Yes	
IDS.	TESTING POSITIVE FOR HIV	Ever:CAW610
ut, I would like to ask you, have you ever been tested	0 = No	
or HIV?	0 = N0 2 = Yes	
id you ever test positive for HIV?		
/hen did you first test positive?	CAW6O01	Ever:CAW6O0

Definitions and questions Coding rules Codes **SEXUAL PARTNERS** HAS HAD SEXUAL PARTNER IN PAST Number of sexual partners in past year, male or female. Ever:VCV0100 YEAR Intensity Have you had any sexual partners in the past year? 0 = Absent 2 = Present HOW MANY SEXUAL PARTNERS HAVE YOU HAD IN THE PAST YEAR, MALE AND FEMALE? Ever:VCV0101 Frequency IF YOU AREN'T SURE, CAN YOU GIVE ME YOUR BEST ESTIMATE?

Definitions and questions Coding rules Codes PREGNANCY Have you ever been pregnant/gotten a girl pregnant? EVER: PREGNANCY Ever:CAN0X01 Intensity 0 = NoHow many times? Including pregnancies that resulted in live birth, as well as 2 = Yesthose ended by miscarriage, abortion, or some other Ever:CAN0V01 outcome. <u>Frequen</u>cy When was the first time? What was the outcome (determine for each pregnancy)? Ever:CAN0001 DATE OF 1ST PREGNANCY Do you have any children? How many? PREGNANCY OUTCOME Ever:CAN1101 0 = Still pregnan 1 = Miscarriage Ever:CAN1102 2 = Abortion3 = Live oirth, mother kept child Ever:CAN1103 4 = Live birth, father kept child Child adopted or cared for by another family member Ever:CAN1104 6 Child released for extra-familial adoption 7 = Child in foster care Ever:CAN1105 8 = Live birth: mother, father and child live together 9 = Live birth: mother and father live Ever:CAN1106 separately, however child lives equal time with each Ever:CAN1107 Ever:CAN1108 Ever:CAN1109 Ever:CAN1110 NUMBER OF LIVING CHILDREN Ever:CAN2F01

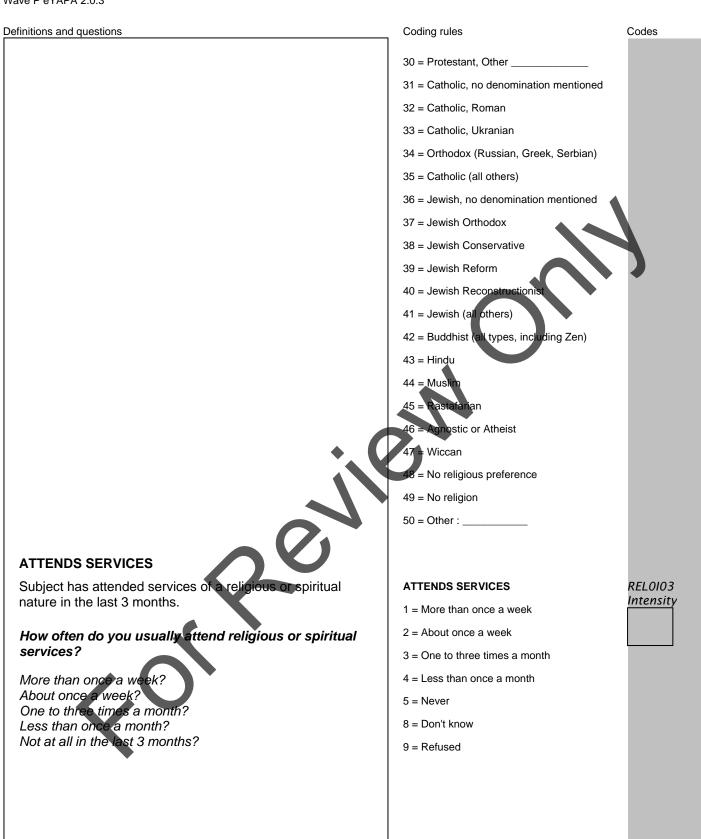


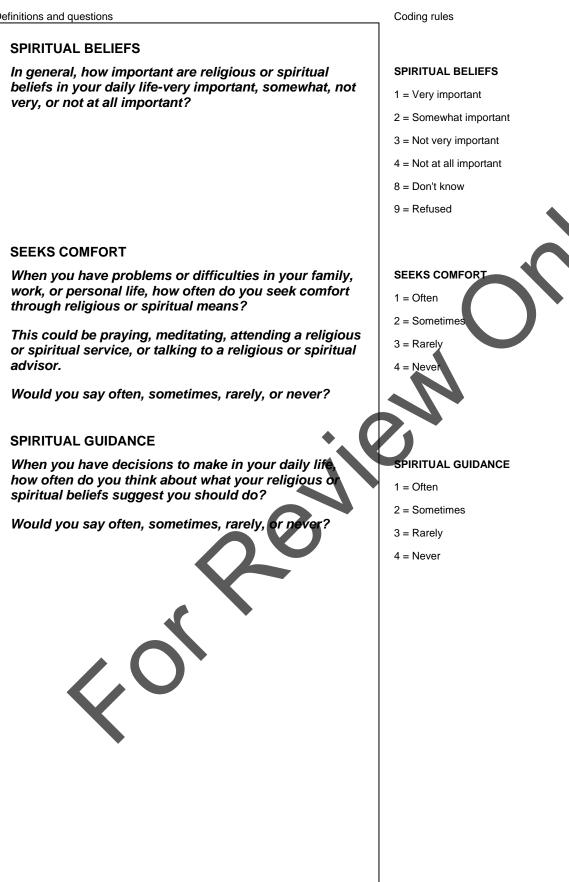




nitions and questions	Coding rules	Codes
MEDIA VIOLENCE: TELEVISION		
Do not include movies, VHS, or DVDs.	MEDIA VIOLENCE: TELEVISION	CAX1101
Over the last 3 months, have you watched any violent shows on TV?	0 = No 2 = Yes	Intensity
How often do you watch violent shows on TV? Like professional wrestling or ultimate fighting? How many shows like that do you watch in a week?		CAX1F01 Frequency
How many hours a week do you spend watching shows like that?	HOURS	CAX1D01 Duration
Do you enjoy violence in TV shows?		
Do you choose TV shows because they are violent? Or only watch because other people are watching them?	 TELEVISION CHOICE 0 = Never watches 1 = Only watches because others do or violence not a factor in choice 2 = Likes violence in TV shows 3 = Chooses TV shows because they are violent 	
MEDIA VIOLENCE: MOVIES nclude movies in theaters, on TV, VHS, or DVD.	MEDIA VIOLENCE: MOVIES	CAX2I01 Intensity
Over the last 3 months, have you watched any violent movies?	0 = No 2 = Yes	
Like "slasher" movies, such as "Saw" or "Friday the 13th"?	CAX2F01	CAX2F01
Did you go to a movie theater to watch any violent movies? How many times? Did you watch any violent movies on TV?	VIOLENT MOVIES ON TV, VHS, DVD, OR ONLINE	CAX2F02
Did you watch any violent movies on VHS, DVD, or online? How many times in the last 3 months?		CAX2X01
	0 = Never watches	
Do you enjoy violence in movies?	1 = Only watches because others do or violence not a factor in choice	
Do you choose movies because they are violent? Or only watch because other people are watching them?	2 = Likes violence in movies	
	3 = Chooses movies because they are violent	

Definitions and questions Coding rules Codes RELIGION **RELIGIOUS AFFILIATION** Subject affiliates with any particular religious or spiritual **RELIGIOUS AFFILIATION** RELOE01 Intensity group. 0 = No2 = YesDo you have a religious or spiritual affiliation? **RELIGION CODES** RELOI01 What is your religion or spiritual affilation? 1 = Protestant, no denomination mentioned 2 = Protestant, interdenominational (2.0 more protestant churches attended 3 = Apostolic 4 = Assembly of God 5 = Baptist (all types) 6 = Born-again Christian 7 = Brethren 8 = Disciples Of Christ/Christian Church 9 = Christian Reformed Church Of God = Congregational Episcopalian or Anglican/Church Of England 13 = Evangelical 14 = Holiness 15 = Jehovah's Witness 16 = Lutheran 17 = Mennonite 18 = Methodist (all types) 19 = Mormon (Latter Day Saints) 20 = Nazarene 21 = Pentecostal 22 = Presbyterian 23 = Quaker, Society Of Friends 24 = Salvation Army 25 = Sanctified 26 = Seventh Day Adventist 27 = Spiritual 28 = Unitarian 29 = United Church Of Christ





Codes

RELOI04

Intensity

RELOI05

Intensity

REL0I06

Intensity

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 one hour.

Do not include worries coded under Hypochondriasis, Panic, Agoraphobia or other more specific categories.

Many people have some worries, what do you worry about?

What is it like when you worry? Can you give me an example? Can you stop worrying if you want to? Any times in the last 3 months when you couldn't What are you doing when you are worrying like the Does it make any difference what you are doing? Is it all the time or just now and then? Does anything make the worrying better or worse Can you turn your mind to other things? How do you stop worrying? What about when you do other things like watch T read? Does worrying affect your concentration? Does worrying change how you are with others, M you irritable or sullen? Does worrying ever keep you awake at night? How many days in the past 3 months have yo that? How long does it last? When did you first start worrying like that? Do you worry about what will happen in the fu

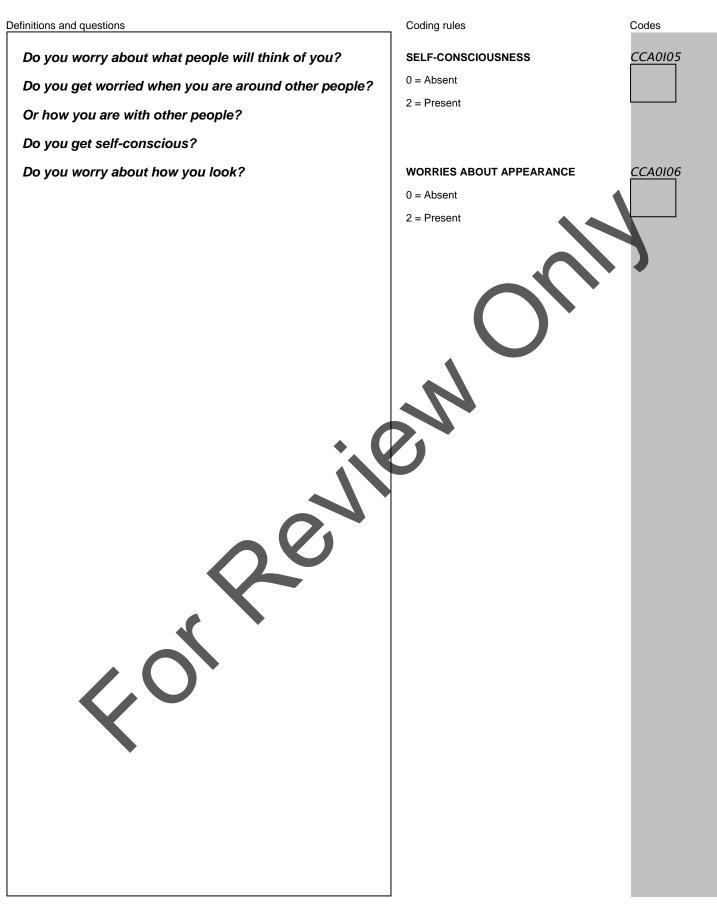
Do you worry about bad things happening in the future?

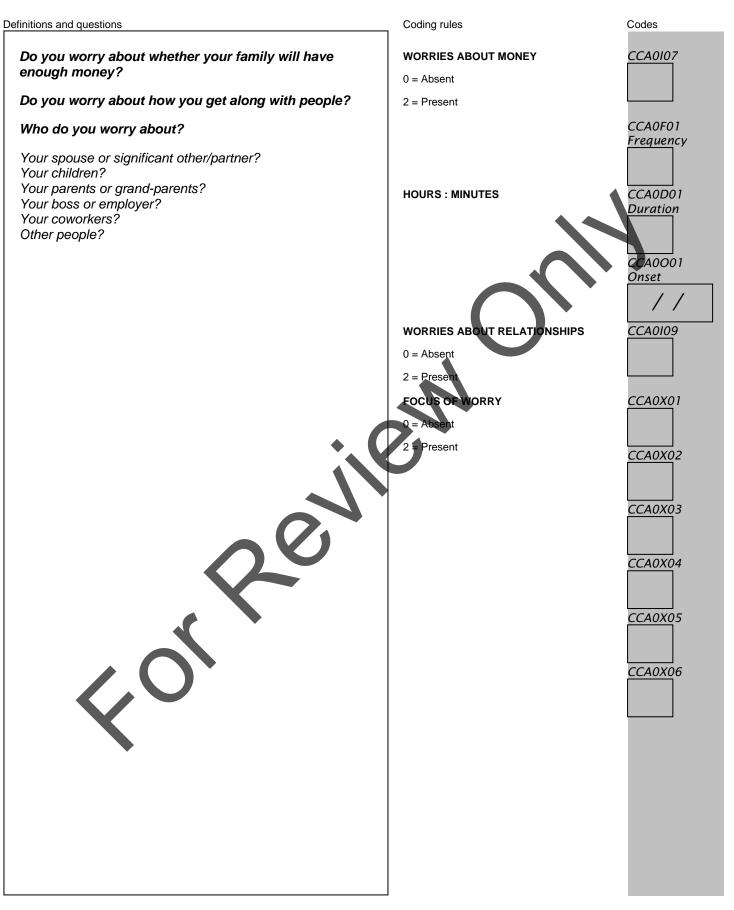
Do you worry about things that you have done?

Do you worry about how well you do things?

Like yourl work at college? Or your job? Or how good you are at sports?

	Coding rules	Codes
h a u sh éa		CC10/01
houghts across of at least	WORRIES 0 = Absent 2 = Worrying is intrusive into at least 2 activities and uncontrollable at least some of the time.	CCA0I01 Intensity
asis, ries.	3 = Worrying is intrusive into most activities and nearly always uncontrollable.	
worry)
stop? at?		
?		
rv or ke make or ri ed like	6	
ture?	WORRIES ABOUT FUTURE EVENTS	CCA0102
he	0 = Absent	
	2 = Present	
97	WORRIES ABOUT PAST BEHAVIOR	CCA0103
	0 = Absent	
	2 = Present	
	WORRIES ABOUT COMPETENCE OR PERFORMANCE	CCA0104
	0 = Absent	
	2 = Present	





WORRIES ABOUT PHYSICAL ILLNESS (HYPOCHONDRIASIS)

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

Do you worry at all about whether you are physically ill?

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

Coding rules Codes **HYPOCHONDRIASIS** CCA1101 Intensity 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. CCA1F01 requency HOURS : MINUTES CCA1D01 Duration CCA1001 Onset | |

ANXIOUS AFFECT NERVOUS TENSION

Feeling of "nervousness," "nervous tension," "being on edge," "being keyed-up." The feeling is unpleasant and should have a total daily duration of at least 1 hour.

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? Do your muscles get sore?

How often have you felt like that in the last 3 months? How many times per day?

How long does the feeling last?

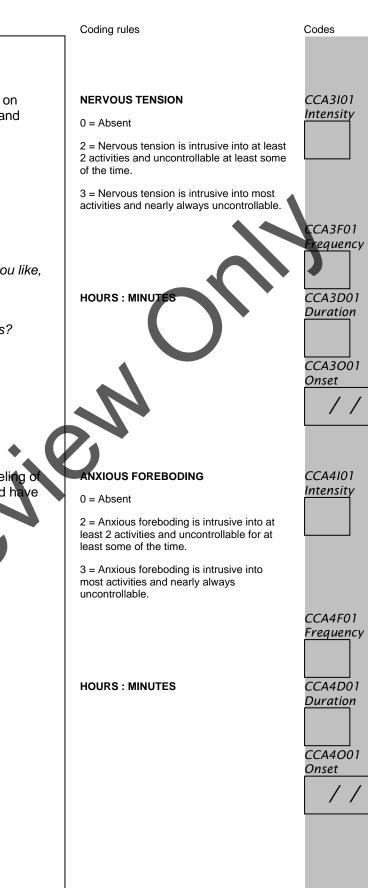
When did it start?

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.

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? When did it start?



SUBJECTIVE ANXIOUS AFFECT (FRIGHTENED AFFECT)

Feelings of fear and apprehension. Consider only the mood state itself here, and not its behavioral concomitants.

This overall item is not coded here but it is subclassified into Free Floating and Situation Specific Anxious Affects at the end of the section.

All anxious affect situations refer to anxietyprovoking stressors that affect the subject either in the presence of the stressor or just by thinking about it. Whether cued by the presence or by the anticipation of the stressor, the key concept is controllability of the anxiety. Coding rules

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.

Do you ever get "nervous" or "frightened" when you have to talk to people you don't know well?

Do you feel very self-conscious or embarrassed around people you don't know well?

Do you ever feel very nervous or shy about asking someone for a date or going on a date?

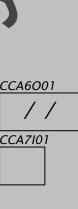
Do you ever avoid meeting people because of it? What about parties? Do you do anything to avoid it? Has it affected what you do? What effect has it had? Do you get upset when you have to meet new people? Does it stop you from going out with others or dating? When did you start having feelings like that?

Coding rules Codes SOCIAL ANXIETY CCA6101 Intensity 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 = Subject has not been in such a situation during the last 3 months because o avoidance, but reports that anxious affect would have occurred if had been in situation. CCA6001 r forced social situation leads to or would lead to) crying, lack of ontaneous speech, withdrawal from sc cial situation. ONSET: DISTRESS CCA7001 AVOIDANCE CCA8101 0 = Absent2 = Subject has developed routines that allow him/her to adopt a relatively normal lifestyle while avoiding feared situation.

because of feared situations.

3 = Subject lives a highly restricted life

ONSET: AVOIDANCE





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 public speaking, eating in public, or going to the bathroom in a store or restaurant.

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

What about when you are called on to speak in front of people?

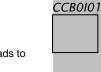
Does it embarrass you to eat when other people are around?

What happens? How does it affect you? Can you stop yourself 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? When did it start?

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 = 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. CCA9001

Coding rules

DISTRESS



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

ONSET: DISTRESS

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.

ONSET: AVOIDANCE





Codes

CCA9101

Intensity

CCA9001

| |

ANIMAL FEARS

Subjective Anxious Affect specific to certain animals.

Do not include fears of spiders, insects, snakes, or birds.

Do any animals frighten you?

Which ones? Why are you frightened of them? What do you do about it? Do you try to avoid them? Are you afraid of them even just seeing a picture or television show? When did you start being afraid of animals? Coding rules

Codes

CCB4I01 Intensity

CB4O01

CCB5101

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.

CCB4001

AVOIDANCE 0 = Absent



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

Subject lives a highly restricted life because of feared situations.

ONSET: AVOIDANCE





FEAR OF INJURY

Subjective anxious affect specific to the possibility of being injured or 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? When did you start feeling like that? Coding rules

Codes

CCB6101

Intensity

FEAR OF INJURY

0 = Absent

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

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

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

CCB6001

AVOIDANCE



ссв6001

0 = Absent

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

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

ONSET: AVOIDANCE

<u>ссв7001</u> //



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? When did you start being fearful of that? Coding rules

Codes

CCE0101

Intensity

FEAR OF BLOOD/INJECTION

0 = Absent

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 = 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.

CCE0001

AVOIDANCE

0 = Absent

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

3 – Subject lives a highly restricted life because of feared situations, or has bediected appropriate medical care.

ONSET: AVOIDANCE

CE0001

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CE	110	<i>ו</i> ו ר

CE	100	1

/	/	
/	/	

Definitions and questions	Coding rules	Codes
ANXIETY OR FEAR PROVOKING SITUATIONS AIDE-MEMOIR		
Are there any other things that you're afraid of?	OTHER FEARS	CCB8I01
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	 0 = Absent 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 = 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. Specify 	Intensity
The dark.	CCB8001	CCB8001
Frightening things on TV and Movies.		//
War	AVOIDANCE	<u> </u>
Storms?	0 = Absent	
Still water, like lakes or pools?	2 = Subject has developed routines that allow him/her to adopt a relatively normal	
Closed spaces, like tunnels?	lifestyle while avoiding feared situation. 3 = Subject lives a highly restricted life	
Flying?	because of feared situations.	
Other When did you start having those fears?	ONSET: AVOIDANCE	CCB9001

SITUATIONAL ANXIOUS AFFECT

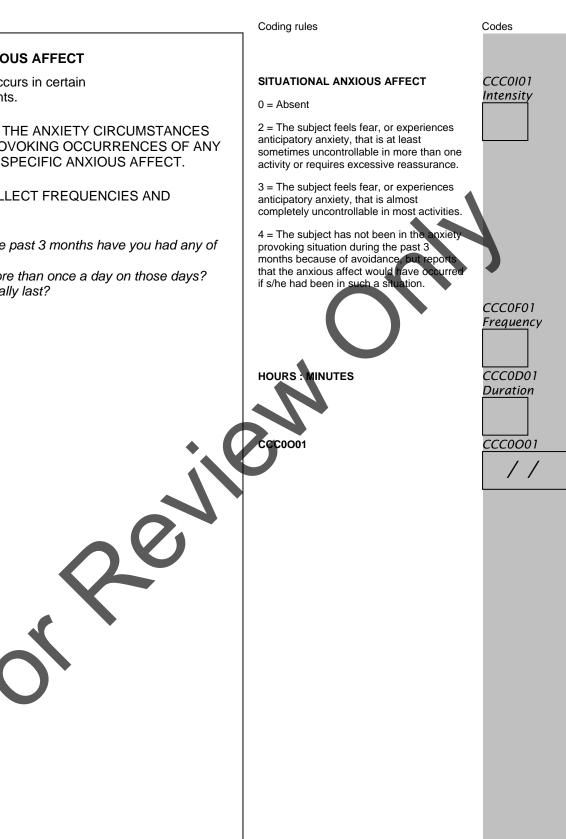
Anxious Affect that occurs in certain situations/environments.

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

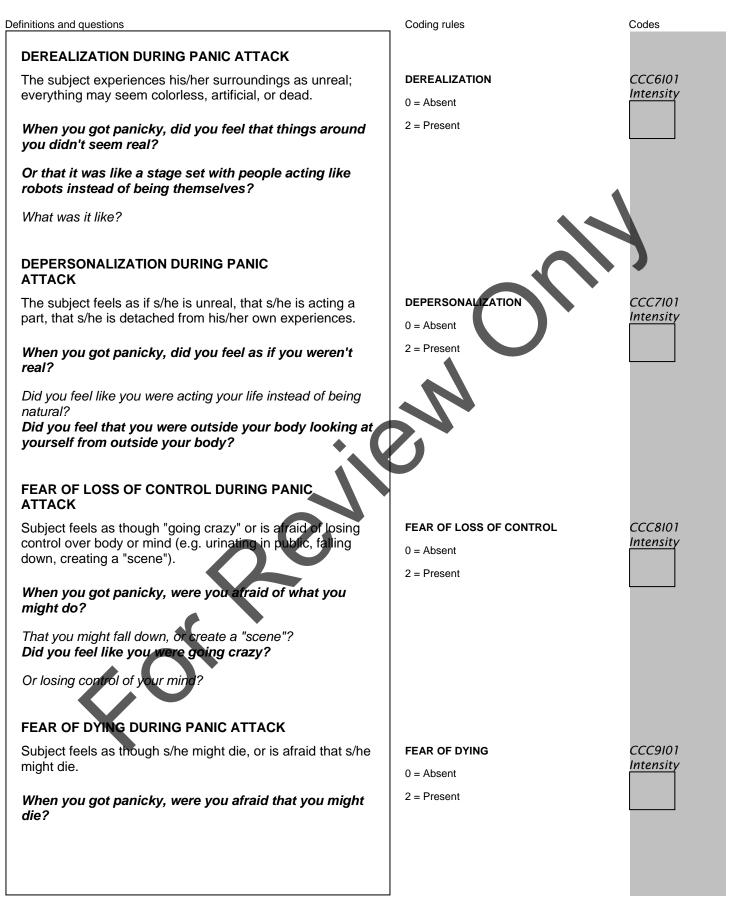
REMEMBER TO COLLECT FREQUENCIES AND DURATIONS.

How many days in the past 3 months have you had any of these fears? Does that happen more than once a day on those days?

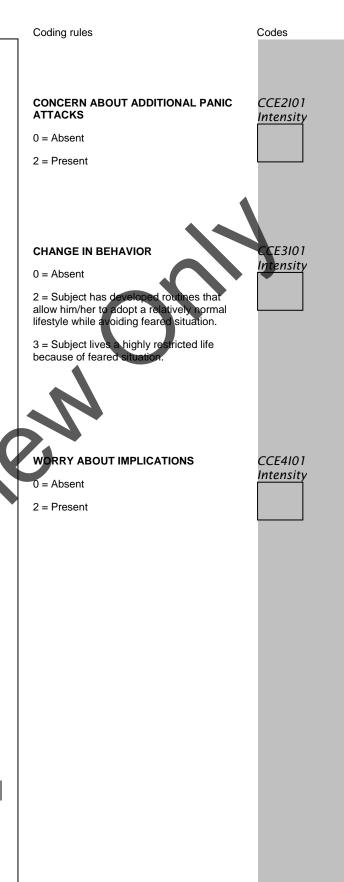
How long does it usually last?



Codes Coding rules PANIC **PANIC ATTACKS** CCC5101 Panic attacks are discrete episodes of overwhelming PANIC ATTACKS Intensity subjective anxious affect and autonomic symptoms that 0 = Absent reach a peak within 10 minutes of onset, and that the subject usually tries to terminate by taking some definite 2 = Panic attack that is of such severity that subject stops activity engaged in at the action, unless they are too "frozen" by panic to do so. time. FREE FLOATING CCC5102 Do you ever get panicky? 0 = Absent Has that happened in the last 3 months? What happens then? 2 = Panic attack unassociated with a particular situation. Does it affect you physically at all? When does it happen? SITUATIONAL CCC5103 Does it occur for no good reason? Does it sometimes happen "out of the blue"? 0 = Absent What triggers it? 2 = Panic attack that occurs situations/environments. certain Do you have to get out of the situation? How long does it last? CCC5F01 What do you do? Frequency Do you try to avoid situations where you might get panicky? How many times has that happened in the last 3 months? When did it start? OURS : MINUTES CCC5D01 Duration CCC5001 CCC5001 / / IF NO PANIC ATTACKS, SKIP TO "AGORAPHOBIA", (PAGE 15)



Wave P eYAPA 2.0.3 Definitions and questions CONCERN ABOUT ADDITIONAL PANIC **ATTACKS** Concern, worry, or anxious affect related to the possibility that another panic attack may occur. Are you worried about having another "panic attack"? Does it bother you much? CHANGE IN BEHAVIOR Any change in usual behavior or routines, intended to avoid the possibility of a panic attack recurrence. Or changes in behavior or routine to avoid potential embarrassment or humiliation that the subject fears might result from a panic attack. Have you done anything to avoid having anymore "panic attacks"? Does that affect your life much? WORRY ABOUT IMPLICATIONS Worry or anxious affect related to possible secondary consequences of having another panic attack. Do not include such worries or fears during a panic attac which are coded under Fear of Loss of Control During Panic Attack. Have you been worried about what might happen if you had another "panic attack"? What do you think might happen? Have you been afraid that you might die? Or go crazy? Or lose control? IF PANIC NOT PRESENT, SKIP TO "AGORAPHOBIA", (PAGE 15).



finitions and questions	Coding rules	Codes
ANXIOUS AUTONOMIC SYMPTOMS IN PANIC ATTACKS		
Autonomic symptoms accompanied by subjective anxious affect.	ANXIOUS AUTONOMIC SYMPTOMS IN PANIC ATTACKS	CCCEI90 Intensity
When you're "worried," "anxious," or frightened, does it affect you physically at all?	0 = Absent 2 = Present	
What do you notice?	DIZZINESS/FAINTNESS	CCE5101
Do you get dizzy, giddy, or faint?	2 = Yes	
Does it affect your breathing?	CHOKING/SMOTHERING	CCE5103
How?	0 = No	
	2 = Yes	
Does it affect your heart?	DIFFICULTY BREATHING	CCE5104
Do you get a pain in your chest?	0 = No	
Do you get sweaty?	2 = Yes	
Or feel sick?	RARID BREATHING	CCE5105
	PALPITATIONS/TACHYCARDIA 0 = No 2 = Yes TIGHTNESS OR PAIN IN CHEST 0 = No 2 = Yes NAUSEA 0 = No 2 = Yes	CCE5106 CCE5107 CCE5108 CCE5109

Definitions and questions	Coding rules	Codes
Does it affect your stomach?	BUTTERFLIES/PAIN IN THE STOMACH	CCE5111
Do you get shaky or twitch?	0 = No	
Do you get flushed?	2 = Yes	
Do you get chills?	TREMBLING/SHAKING/TWITCHING	CCE5I13
	0 = No	
Do you have funny feelings in your fingers or toes?	2 = Yes	CCEEULA
Does your stomach churn?	FLUSHING OR CHILLS	<u>CCE5I14</u>
Does it only happen in certain situations? Or can it happen any time?	2 = Yes	
	PARAESTHESIAE	CCE5116
	0 = No	
	2 = Yes	
	ABDOMINAL CHURNING	CCE5118
	0 = No	
	2 = Yes	
•		
•		

AGORAPHOBIA

Subjective anxious affect concerning crowds, public places, traveling alone or traveling away from home.

Are you afraid of being outside of your home?

Do you get afraid when you're in a crowded place?

Are you afraid of traveling in a car, bus, or airplane?

How about being on public transportation?

Or in public places?

Do you feel anxious being in crowded places?

Are you nervous standing in lines?

Or on a bridge?

Is that just because you're afraid of heights? **Do you get worried or upset when you have to leave the house?**

Do you get worried or frightened when you're at school/work?

Do you ever get frightened that bad things will happen to people you care about when you're not with them?

Do you ever stay at home from work/school because you're frightened to go?

Do you ever have to leave school/work and go home because you feel worried or frightened?

Why is that? How does it affect you? Coding rules

CCB2101

Intensity

CCB2102

CCB2103

AGORAPHOBIA

0 = Absent

2 = Present

FEAR OF CROWDS

0 = Absent

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 subject has not been in situation during the past 3 months because of avoidance, but reports that the anxious affect would be present if had been in such a situation.

FEAR OF PUBLIC PLACES

0 = Absent

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 subject has not been in situation during the past 3 months because of avoidance, but reports that the anxious affect would be present if had been in such a situation.

FEAR OF TRAVELING UNACCOMPANIED

0 = Absent

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 subject has not been in situation during the past 3 months because of avoidance, but reports that the anxious affect would be present if had been in such a situation.

FEAR OF LEAVING HOME

0 = Absent

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.



CCB2105



CCB2106

CCB2107

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

FEAR WHEN AWAY FROM HOME

0 = Absent

Coding rules

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 subject has not been in situation during the past 3 months because of avoidance, but reports that the anxious affect would be present if had been in such a situation.

FEAR OF HARM BEFALLING OTHERS WHEN AWAY

0 = Absen

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 subject has not been in situation during the past 3 months because of avoidance, but reports that the anxious affect would be present if had been in such a situation.

STAYS HOME FROM SCHOOL/WORK

0 = Absent

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 subject has not been in situation during the past 3 months because of avoidance, but reports that the anxious affect would be present if had been in such a situation.

LEAVES CLASS/WORK

0 = Absent

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

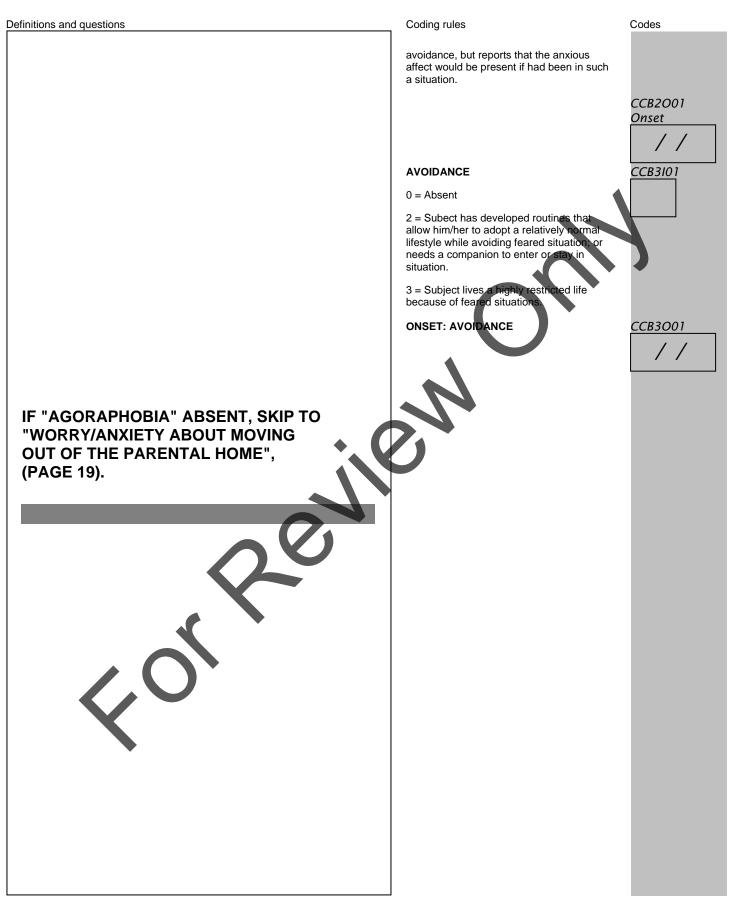
3 = Agoraphobia is intrusive into most activities and nearly always uncontrollable.

4 = The subject has not been in situation during the past 3 months because of



Anxious Affect





Definitions and questions Coding rules **AVOIDANCE** AVOIDANCE The development of routines or a lifestyle that allows the subject to avoid agoraphobic symtoms. 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 PANIC OR PANIC-LIKE SYMPTOMS FEAR OF PANIC ATTACK OR PANIC-LIKE SYMPTOMS Fears described under agoraphobia result from being in places or situations from which the subject feels it would be difficult or embarrassing to escape in the event of a panic 0 = Agoraphobic symptoms not associated attack or panic-like symptoms. with fear of panic attack or panic-like symptoms Fears of panic may be present even when subject has not = Some agoraphobic symptoms or had a panic attack in the recent past. sometimes agraphobic symptoms associated with fear of panic attack or panic-like symptoms. Are you afraid because you might get panicky in those Agoraphobic symptoms always situations? associated with fear of panic attack or panic-like symptoms. Or that you might embarrass yourself? Or that you couldn't easily escape if you had to? Are you afraid because there might be noone to help you if you got panicky? Does this happen in different situations or places? Can you stop yourself from being afraid? Do you avoid going there/doing that? Does it affect what you do or where you go? What effect has it had

Codes

CCB3I21

Intensity

ССВЗО21 Onset

CCE6I01

Intensity

Definitions and questions Coding rules Codes WORRY/ANXIETY ABOUT MOVING OUT OF THE PARENTAL HOME Worry or anxiety specific to moving out of a parental home. WORRY/ANXIETY ABOUT MOVING OUT CCF0101 OF THE PARENTAL HOME Intensity The worry or anxiety influences subject's decision regarding moving out. 0 = Absent 2 = With anticipatory worry or anticipatory Are you worried or frightened about moving out? anxiety intrusive into at least 2 activities that cannot be entirely controlled. Or leaving the home where you grew up? 3 = With anticipatory worry or anticipatory anxiety occurring, almost entirely Moving to your own place? uncontrollable, in most cases. Or living somewhere else? Can you tell me a little about that? 4 = Subject has not felt worry/anxiety moving out of the parental home in the la Does that worry interfere with other thoughts or things you three months because moving out wa not want to do? imminent, but reports that anxious affect Can you stop yourself from worrying about that? would have been present if had been considering moving out. When did that start? CCF0F01 Frequency CCF0D01 NITES Duration CCF0001 Onset WORRY/ANXIETY ABOUT MOVING OUT PREVENTS GOING AWAY TO COLLEGE/MILITARY/POST-SECONDARY PROGRAM Worry or anxiety specific to moving away from friends and WORRY/ANXIETY PREVENTS GOING CCF0102 AWAY familiar surroundings that prevents the subject from going Intensity away to college/military/post-secondary program. 0 = Absent1 = Partial Contributory Reason. Did you decide not to go away to college because you were worried or anxious about moving out? 2 = YesOr leaving your friends? Or familiar surroundings? Can you tell me a little about it? What happened? What did you decide?

Definitions and questions Coding rules Codes WORRY/ANXIETY ABOUT LEAVING THE RESERVATION Worry or anxiety specific to the possibility of moving off of WORRY/ANXIETY ABOUT LEAVING THE CCF1101 RESERVATION the Reservation to attend school or work. Intensity 0 = Absent Did you decide not to go away because you were 1 = Partial Contributory Reason. worried or anxious about leaving the reservation? 2 = YesOr leaving your friends? Or familiar surroundings? Were you worried about losing your identity? Or that you would lose touch with your culture? Can you tell me a little about that? HOMESICKNESS High level of distress at leaving home or family or friends. HOMESICKNES CCF2101 Intensity 0 = Absent Are you/have you been homesick at school? 2 = Present in at least 2 activities and at least sometimes uncontrollable. Are you/have you been distressed or upset about being 3 = Present in most activities and almost always uncontrollable. away from home or friends? How bad was it? Homesickness not present in last 3 How often has that happened in the last 3 months? months because back at home or home How long does it last when you feel like that? environment, but subject reports would When did you first start feeling like that? have been homesick if had still been in college, military, post-secondary program setting. CCF2F01 Frequency CCF2D01 **HOURS : MINUTES** Duration CCF2001 Onset | |

DROPPED OUT

Subject dropped ou training because s/l

Did you leave or d training/military?

What happened? Was it because you Was that the only r Have you dropped

questions	Coding rules	Codes
D OUT		
ropped out of school or left a job or military ecause s/he missed home, family, or friends.	DROPPED OUT BECAUSE MISSED HOME, FAMILY, OR FRIENDS	Ever:CCF3E01 Intensity
leave or drop out of college/job military?	 0 = Did not drop out 2 = Dropped out because missed home, family or friends. 	
ppened? cause you missed home so much? the only reason? dropped out of other programs?	DROPPED OUT BECAUSE MISSED HOME, FAMILY, OR FRIENDS 0 = Did not drop out	Ever:CCF3V01 Frequency CCF3I01 Intensity
	2 = Dropped out because missed home, family or friends. CCF3001	Ever:CCF3001
20		

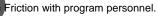
HISTORY OF NON-COMPLETION

Subject has a history of dropping out or not completing a program or job preparation.

Have you dropped out of college or not completed other programs for any other reason?

Where was that? What kind of program was it? Why didn't you finish? Have you done that more than once? When was that?

1 = Barely started and decided it was not the right program. 2 = Dropped out without finishing. Ever:CCF4V01 requency **REASONS FOR NON-COMPLETION** Ever:CCF5E01 PROGRAM #1 1 = Dropped out for academic reasons. 2 = Dropped out for financial reasons (e.g. cost of program, cost of supporting self while attending program, lost scholarship). Tomesick 3 = 4Anxiety, fear of failure, phobias. = Friction with other students. 6



= Other

Coding rules

complete school/job

HISTORY OF NON-COMPLETION

0 = Has not dropped out or failed to

training/certification/military programs.

8 = Decided it wasn't the "right" program

9 = Lost interest in education

Specify

CCF5001

Ever:CCF5001

Codes

Ever:CCF4E01

Intensity



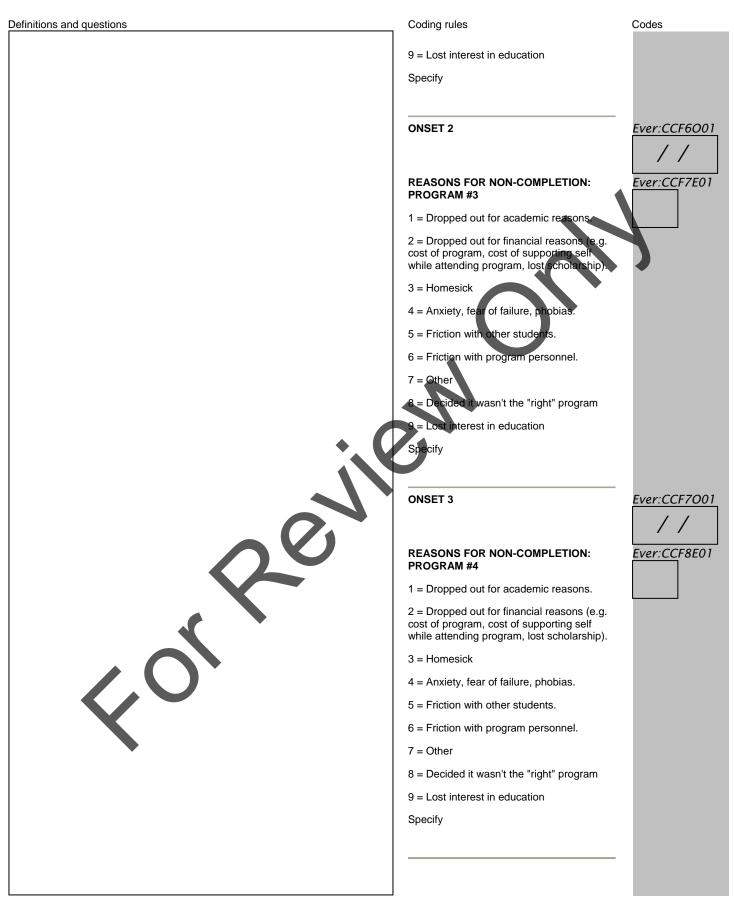
Ever:CCF6E01

REASONS FOR NON-COMPLETION: PROGRAM #2

1 = Dropped out for academic reasons.

2 = Dropped out for financial reasons (e.g. cost of program, cost of supporting self while attending program, lost scholarship).

- 3 = Homesick
- 4 = Anxiety, fear of failure, phobias.
- 5 = Friction with other students.
- 6 = Friction with program personnel.
- 7 = Other
- 8 = Decided it wasn't the "right" program



EXCESSIVE NEED FOR REASSURANCE

The subject seeks reassurance from others about at least 2 topics of worry, but the worries continue in spite of such reassurance. Include Worries, Hypochondriasis, Agoraphobia, Worries About Moving Out, Leaving Reservation.

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?

FREE FLOATING ANXIOUS AFFECT

Occurs unassociated with any particular situation; total daily duration of at least 1 hour.

Do you ever feel frightened without knowing why?

How often does this happen? How long does it last when you are frightened like When did it start?

ONSET 4 EXCESSIVE NEED FOR REASSURANCE 0 = Absent 2 = Seeks reassurance at least weekly (for 4 consecutive weeks), but not to the extent of interfering with ordinary social discourse 3 = Seeks reassurance to such an exten 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 perso FREE FLOATING ANXIOUS AFFECT 0 = Absent time. 2 = The child feels fear. or experiences free-floating anxiety that is at least requires excessive reassurance. 3 = The child feels fear, or experiences **HOURS : MINUTES**

Coding rules

Ever:CCF8O01 | | CCA2101 Intensity

> CCC1101 Intensity

Fear is intrusive into at least one activity and uncontrollable at least some of the

sometimes uncontrollable in 2 activities or

free-floating anxiety, that is almost completely uncontrollable in most activities.

> CCC1F01 Frequency



CCC1001

Codes

IF SITUATIONAL, FREE-FLOATING ANXIOUS AFFECT, WORRY ABOUT SCHOOL, SEPARATION ANXIETY OR NERVOUS TENSION PRESENT, CONT. OTHERWISE, SKIP TO "CONTENT OF OBSESSIONAL THOUGHTS", (PAGE 4). 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.

Do you startle easily?

What sort of things make you jump?

CONCENTRATION DIFFICULTIES

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

When you feel "anxious" or scared, is it hard for you to concentrate?

What happens? Does your mind go blank? How many times has that happened in the last 3 months?

EASY FATIGABILITY

Subject becomes easily fatigued when anxious.

When you feel "anxious" do you get tired easily?

What happens? Does it reduce your ability to do what you need to be doing? How often has that happened in the fast 3 months?

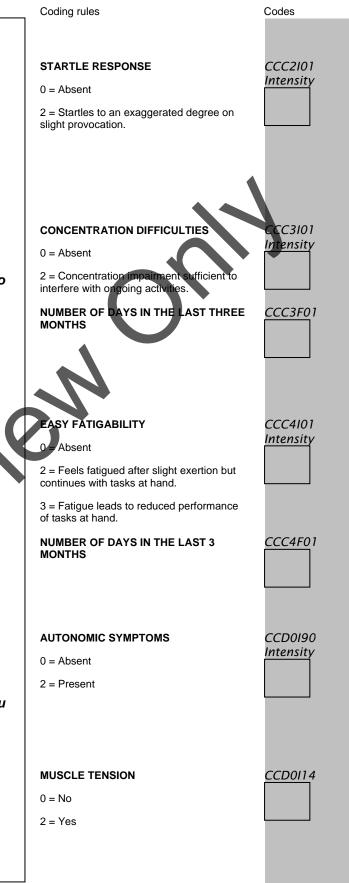
ANXIOUS AUTONOMIC SYMPTOMS

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

When you're "anxious" or frightened, does it affect you physically at all?

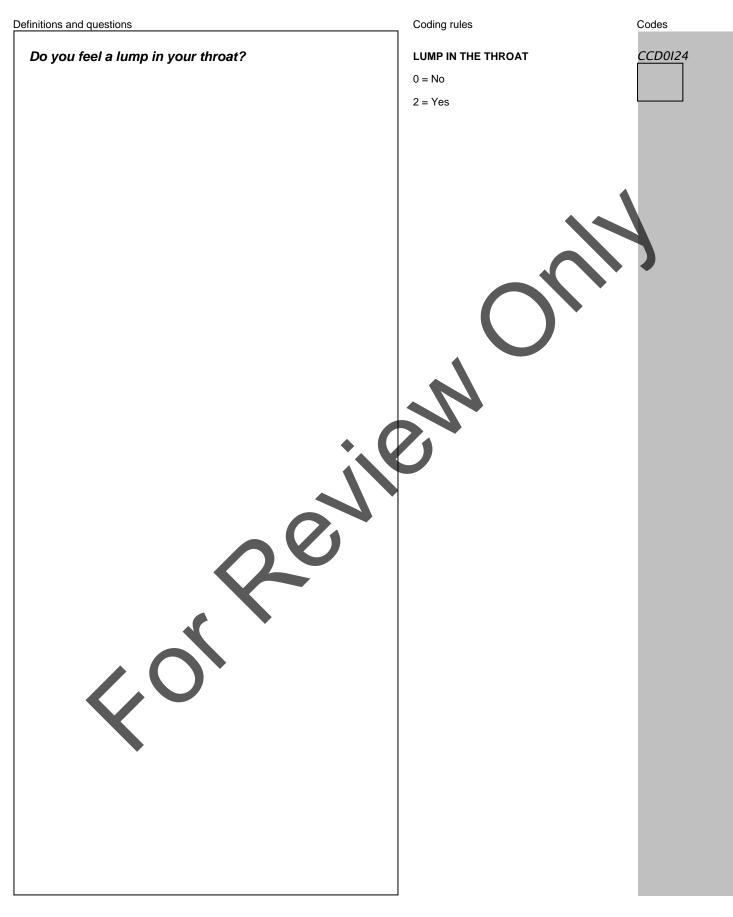
What do you notice?

Do your muscles get tensed up?



Wave P eYAPA 2.0.3

Definitions and questions	Coding rules	Codes
Do you get jumpy?	JUMPINESS	CCD0120
Keyed up?	0 = No	
On edge?	2 = Yes	
Do you get restless?	RESTLESSNESS	<u>CCD0I21</u>
	0 = No	
	2 = Yes	
Do you tremble, twitch, or shake?	TREMBLING/TWITCHING/SHAKING	<u>CCD0I13</u>
	0 = No	
	2 = Yes	
Do you have muscle aches or soreness?	MUSCLE ACHES OR SORENESS	
	0 = No	
	2 = Yes	
Do your hands feel cold or clammy?	COLD OR CLAMMY HANDS	CCD0122
	0 = No	
	2 = Yes	
Does your mouth feel dry?	DRY MOUTH	CCD0102
	0 = No	
	. 2 = Yes	
Do you feel sweaty?	SWEATING	CCD0I08
	0 = No	
	2 = Yes	
Or feel nauseous?	NAUSEA	CCD0109
	0 = No	
	2 = Yes	
Do you have diarrhea?	DIARRHEA	CCD0I12
	0 = No	
	2 = Yes	
Do you have to urinate more frequently?		CCD0I10
X	0 = No 2 = Yes	
De very have trankle avellaving?		CCD0/22
Do you have trouble swallowing?	TROUBLE SWALLOWING 0 = No	CCD0I23
	2 = Yes	



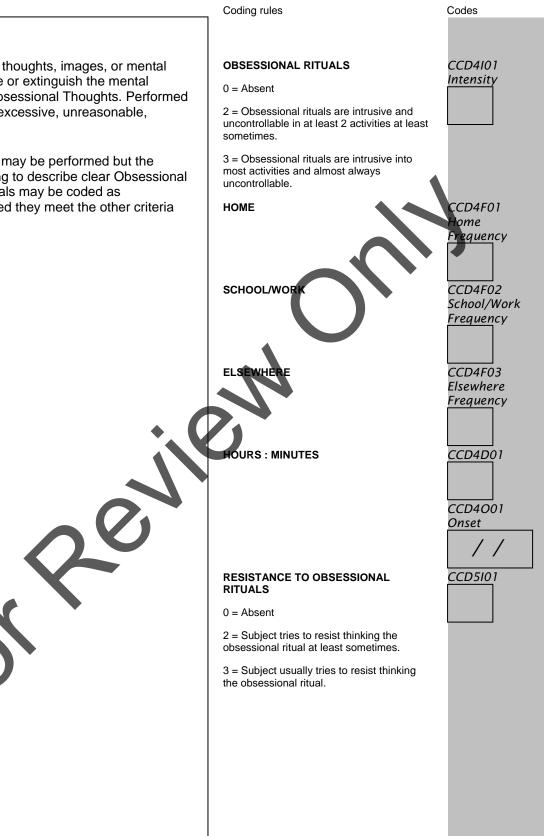
Definitions and questions Coding rules Codes RUMINATIONS AND OBSESSIONS N.B. Get examples of thoughts and behavior and consider codings for Incapacity. RUMINATIONS RUMINATIONS CCD2101 Unproductive dwelling on particular themes, but the content lacks the unpleasant quality of worrying or the alien quality Intensity 0 = Absentof Obsessions; total daily duration of at least 1 hour. 2 = Rumination intrusive into at least 2 activities and uncontrollable at least Does your thinking tend to go round and round in sometimes. circles? 3 = Rumination intrusive into almost all activities and hardly ever controllat Do you ever go over the same old thoughts over and over again? D2F01 HOME Ноте What is that like? Frequency Do you try to stop it? Does that work? Does your thinking seem to be going nowhere sometimes? SCHOOL/WOR CCD2F02 What do you think about? School/Work How often is your thinking like that? Frequency Where does this happen? Does it interfere with other things you want to think about? Can you do anything about it? How long does it last? CCD2F03 When did it start? Elsewhere Frequency **HOURS : MINUTES** CCD2D01 Duration CCD2001 Onset / /

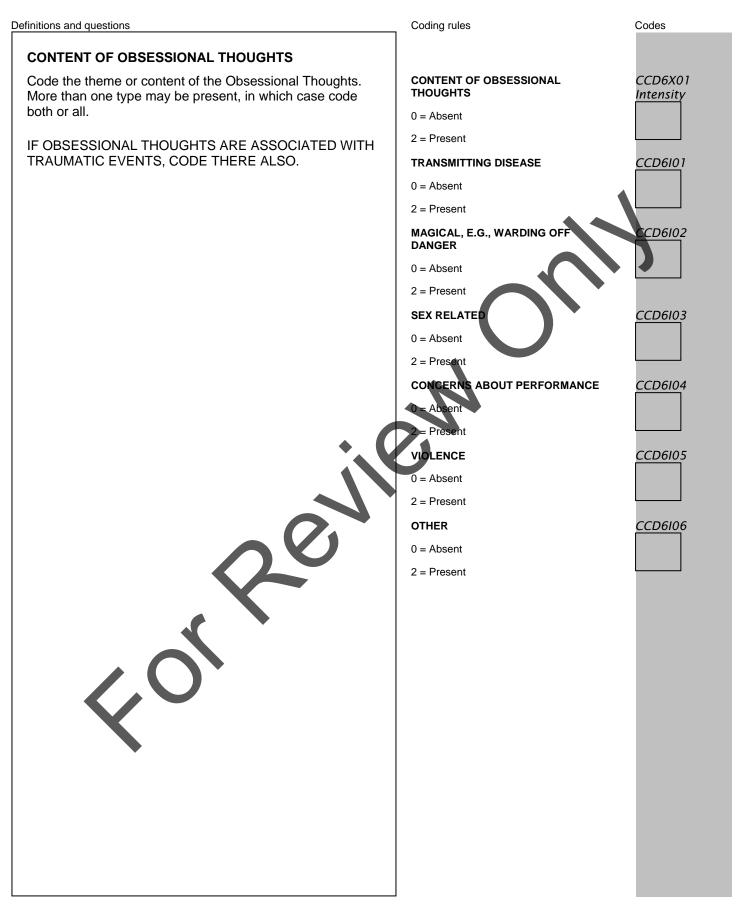
Definitions and questions Codina rules Codes **OBSESSIONAL THOUGHTS** Painful, recurrent, repetitive ideas, thoughts, or images that **OBSESSIONAL THOUGHTS** CCD3101 the subject experiences as intrusive and unwanted. Subject Intensity 0 = Absent regards these as being incompatible with his/her image of him/herself as a person, but does not regard these as 2 = Obsessional thoughts are intrusive into at least 2 activities and uncontrollable at being external implants. least sometimes 3 = Obsessional thoughts are intrusive into Do you have thoughts that get stuck in your mind that most activities and almost always you can't get rid of? uncontrollable. Do you have any awful or ridiculous thoughts that keep HOME CD3F01 coming back into your mind even though you don't ome want them to? equency What kind of thoughts are they? Do you have any silly thoughts or words that won't go SCHOOL/WOR CCD3F02awav? School/Work Do you have any special things you think about to get Frequency rid of horrible things in your mind? What are thev? Do you have to count things over and over? CCD3F03 Elsewhere Do you have thoughts you have to think in a certain Frequency way? Do you feel uncomfortable if you can't think these thoughts OURS : MINUTES CCD3D01 just right? Duration 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? CCD3001 Can you do anything about it? Onset Do you try not to think about them: How long do they go on for? | | When did they start? **RESISTANCE NOT MEETING CRITERIA** CCD3102 Does that happen at home? at school or work? anywhere FOR OBSESSIONAL RITUALS else? How often have you had thoughts like that in the last 3 0 = Absent months? 2 = Subject tries to resist thinking the obsessional thought at least sometimes. 3 = Subject usually tries to resist.

OBSESSIONAL RITUALS

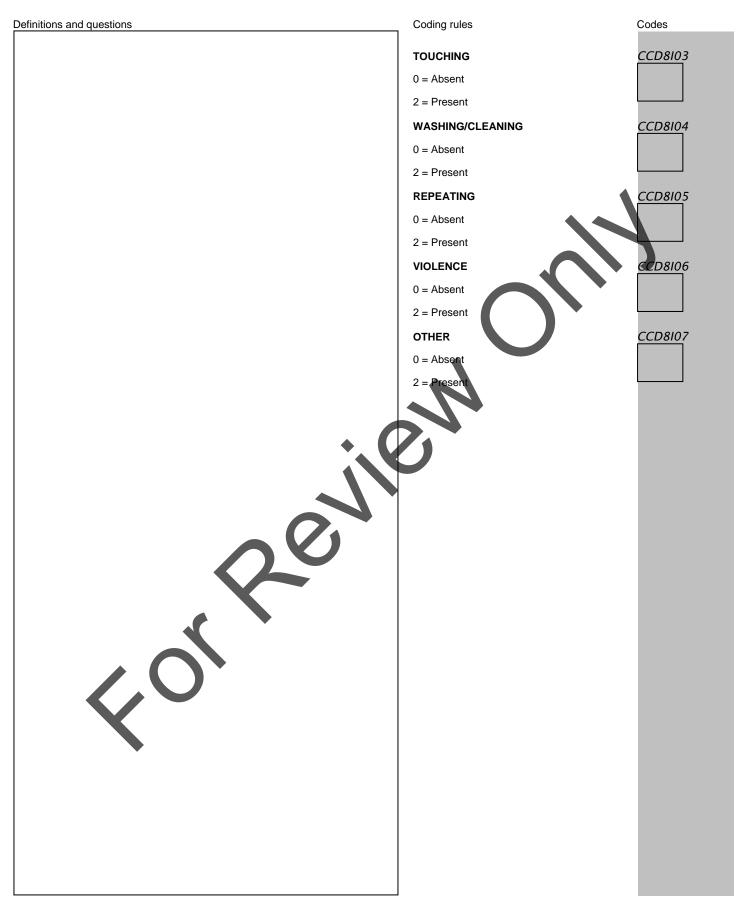
Recurrent, repetitive ideas, thoughts, images, or mental rituals engaged in to reduce or extinguish the mental discomfort generated by Obsessional Thoughts. Performed despite being regarded as excessive, unreasonable, pointless, or absurd.

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





Coding rules Codes COMPULSIONS COMPULSIONS Repetitive, purposeful, and intentional acts associated with COMPULSIONS CCD7101 a subjective feeling of compulsion arising from within the Intensity 0 = Absent subject and not forced by any external power or agency, performed despite being regarded as excessive, 2 = Compulsions intrusive into at least 2 activities and are at least sometimes unreasonable, pointless, or absurd. uncontrollable. 3 = Compulsions intrusive into most NOTE: If a clear external force is reported as being the activities and are almost always motivator of compulsive behavior, code under delusions uncontrollable. and delusional interpretations. HOME CD7F01 тe Do you have to check on things more than other quency people? Are there any things that you feel you have to do? SCHOOL/WO CCD7F02 Like touching things in a certain way? School/Work Frequency Or washing over and over again? Do you spend a lot of time putting things in a special order? CCD7F03 Elsewhere Or arranging things so that they are just right? Frequency Do you have any routines or rituals that you have to do? CCD7D01 **HOURS : MINUTES** Duration What would happen if you didn't do it? What then? What are you afraid will happen? Do you feel uncomfortable if you don't do compuls iust CCD7001 right? Onset Are you worried about dirt or germs? What do you do about it? Why do you do it? CCD7102 RESISTANCE What makes you do it? 0 = Absent How long do you do it for 2 = Subject tries to resist performing the When did it start? compulsive act at least sometimes. Do you try not to do h 3 = Subject usually tries to resist. **CHECKING (AT LEAST 3 TIMES)** CCD8101 0 = Absent 2 = Present AVOIDING CCD8102 0 = Absent 2 = Present



DEPRESSED AFFECT Now we are going to talk about some of your 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 unhappy or depressed in the past 3 months?

Do you cry because of this feeling? Can you tell me what it's like when you feel like that? Is/Was it serious? If I had seen you then would I have been able to tell? What made you feel "miserable"?

How often have you felt like that (in the last 3 months)? 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 like that, how long does it last?

When did you first start having feelings like that?

Was there a week when you felt "miserable" most days?

Were there two weeks when you were "miserable" on at least 8 days?

Has there been a period of at least 2 months in the last year when you didn't feel like that?

Codina rules Codes CDA0101 DEPRESSED MOOD Intensity 0 = Absent2 = The depressed mood is sometimes intrusive but also sometimes alleviated by enjoyable events or activities. 3 = Scarcely anything is able to life mood. CDA0F01 Frequency HOURS : MINU CDA0D01 Duration CDA0001 Onset | | EPISODE OF DEPRESSED MOOD CDA0102 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 CDA0103 WITHOUT DEPRESSED MOOD IN LAST YEAR? 0 = Present 2 = Absent

LOOKS UNHAPPY

Subject's evaluation that s/he characteristically looks unhappy to an extent abnormal for the subject's age or developmental stage.

Has anyone said that you look unhappy or sad, in the last 3 months?

Do you think that you generally look unhappy or sad?

How much do you laugh or smile? Is that similar to other people your age? Is it less? What about when nice things happen? Do you look more cheerful then? How many days out of the past 3 months would you say you have looked "unhappy"?

How much of the day did you look that way?

When did that start?

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

Depression

	Coding rules	Codes
	LOOKS UNHAPPY 0 = Absent	CDG0I01 Intensity
he	2 = Subject looks unhappy in at least 2 activities but looks more cheerful at times.	
d?	3 = Subject hardly ever looks normally cheerful.	CDG0F01
У	HOURS : MINUTES	Frequency CDG0D01 Duration CDG0001 Onset
2		

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?

ALLEVIATION OF DEPRESSED MOOD BY SELF-GENERATED MEANS

Alleviation of depressed mood refers to means that the subject may find effective in alleviating his/her depressed mood.

Alleviation by self generated means: The subject alleviates mood by actively involving him/herself in other thoughts or activities.

N.B.: BOTH ALLEVIATION BY SELF-GENERATED MEANS AND EXTERNAL MEANS MAY BE PRESENT.

N.B.: ALLEVIATION NOT APPLICABLE IF SUBJECT RATED 0 OR 3 ON "DEPRESSED MOOD" IF "DEPRESSED MOOD" IS NOT PRESENT AS DEFINED IN THE GLOSSARY, IT CANNOT BE RELIEVED. IF THE DEPRESSED MOOD IS PRESENT AT AN INTENSITY LEVEL 3 THEN IT IS, BY DEFINITION, ESSENTIALLY UNALLEVIABLE. CODE AS "NEVER EMPLOYED".

When you feel "miserable", can anything cheer you up?

What?

Can you do anything to cheer yourself up?

How long would it take to cheer yourself up? Or make yourself feel better?

	Coding rules	Codes
		Codes
	DISTINCT QUALITY OF DPERESSED MOOD 0 = Absent	CDA1101 Intensity
ite	 2 = Subject understands quality of sadness and reports that periods of depressed mood have a different quality. 	
g		
s	ALLEVIATION BY SELF-GENERATED MEANS 0 = Means of Alleviation never employed. 2 = Means of Alleviation employed at least sometimes.	CDA2I01 Intensity
:		

ALLEVIATION OF DEPRESSED MOOD BY EXTERNAL MEANS

Alleviation of depressed mood refers to means that the subject 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 subject'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 others do anything to cheer you up?

Do you cheer up when you take part in some kind of activity?

Like hanging out with friends? Or going out for a walk or to the mall? How much of the time would things "cheer" you

DIURNAL VARIATION OF MOOD - AM WORS

Depressed mood is consistently worse in the first half of the day, irrespective of external events. (lasting at least 14 days [not necessarily consecutive])

The subject 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 "sad" in the morning/evening? How long does the worst time last? How would anybody know that you felt like that?

	Coding rules	Codes
nat the	ALLEVIATION BY EXTERNAL MEANS	CDA2102
pressed	0 = Means of Alleviation never employed.	Intensity
iated by a events for this	2 = Means of Alleviation employed at least sometimes.	
ED SENT.		3
JECT		
EFINED D. IF THE INSITY FIALLY ED".		
ything to		
kind of	2	
ip?		
t half of the	AM WORST	CDA3101
ast 14	0 = Absent	Intensity
sity of the others.	2 = Present	
ore		

DIURNAL VARIATION OF MOOD - PM WORST

Depressed mood is consistently worse in the second half of the day, irrespective of external events.

The subject must report a difference in the intensity of the depressed mood that is of a degree noticeable to others.

Do you feel more "sad" in the afternoon or evening?

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?"

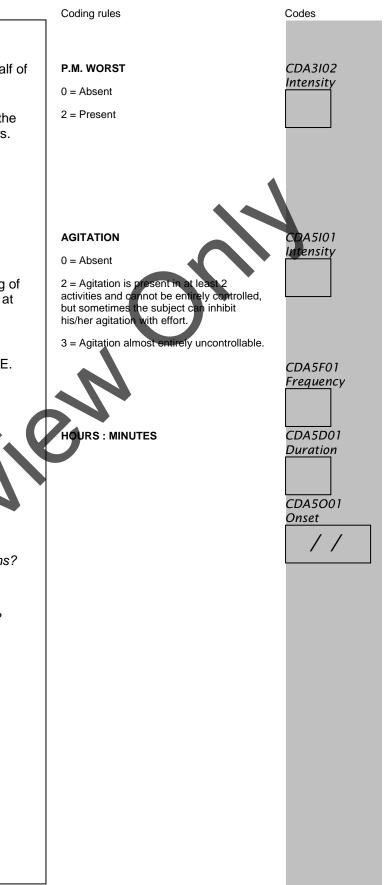
Do you have difficulty keeping still?

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 many times has that happened in the last 3 months?

How long does it last?

When did that start (feeling agitated when depressed)?



initions 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.	REPORTED TEARFULNESS AND CRYING	CDA4I01 Intensity
Do not rate crying precipitated by usual precipitants (such as sad situations or anger)	0 = Absent 2 = When feeling miserable, the eyes fill with tears, or shed tears, at least	
Do you ever feel so "miserable" that you want to cry?	sometimes uncontrollably, in at least 2 activities.	
What happens then? Do you actually cry?	3 = When feeling miserable, the eyes near always uncontrollably fill with, or shed, tear in most activities.	
Can you stop yourself? What do you do?		CDA4F01 Frequency
How many times has that happened in the last 3 months?		
How long does it last? When was the last time? Tell me about it. Do you cry more easily than you used to?	HOURS : MINUTES	CDA4D01 Duration CDA4001
Do you cry more than other people? When did you start being tearful?	S S	Onset
TOUCHY OR EASILY ANNOYED The subject is generally more prone to FEELINGS of	TOUCHY OR EASILY ANNOYED	CDA6101
anger, bad temper, short temper, resentment, sulking or annoyance, UNDER MINOR PROVOCATION than most people. This pattern need not represent a change in behavior.	0 = Absent 2 = Present	Intensity CDA6F01
Do things get on your nerves easily?		Frequency
What sorts of things? Do you think you get annoyed more easily than most people?	HOURS : MINUTES	CDA6D01 Duration
What do you do?		
How often does that sort of thing happen?		CDA6O01 Onset
When that happens, how long does it usually last?		11
How long have you been that way?		

ANGRY OR RESENTFUL

The subject is generally more prone to MANIFESTATIONS of anger or resentment (such as snappiness, shouting, guarreling or sulking) under minor provocation, than most people.

This pattern need not represent a change in behavior.

Do you get angry very often?

Do you get "sulky" or "pout"?

What do you do...can you describe it for me? How many times would you say that has happened in the last 3 months? How long does it last when you do that sort of thing?

How long have you been like that?

Coding rules Codes ANGRY OR RESENTFUL CDA7101 Intensity 0 = Absent 2 = Present CDA7F01 Frequency **HOURS : MINUTES** CDA7D01 Juration CDA7001 Onset / /

IRRITABILITY IN PP

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.)

N.B. INFORMATION OBTAINED HERE MAY ALSO BE RELEVANT TO LOSING TEMPER AND TEMPER TANTRUMS.

Note that this rating is of a change in the subject's usual ability 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.

IF IRRITABLE PRESENT FOR A WEEK (7 CONSECUTIVE DAYS), REMEMBER TO COMPLETE THE MANIA SECTION.

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?

How often has that happened in the last 3 month

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?

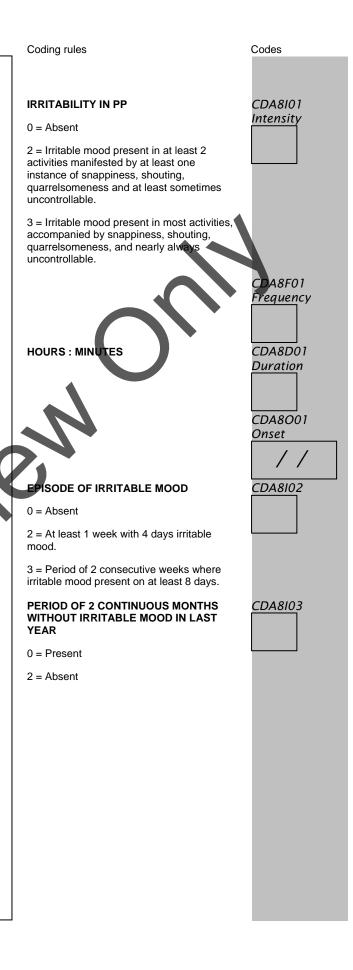
When did you start to get "irritable" like that?

Was there a week when you felt "irritable" most days?

Were there two weeks when you were "irritable" on at least 8 days?

Has there been a period of at least 2 months in the last year when you didn't feel like that?

In the last 3 months has there been a week when you were irritable like that every day?



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 (emotion) left?

Or that you had lost your feelings?

Had your feelings gone completely? Could you feel any emotions?

When did you start to lose your feelings?

CONATIVE PROBLEMS

BOREDOM

Activities 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 positively here only if subject is more often bored than not. But code positive even if the activities are truly dull. It must seem to the subject 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?

What can you do to stop yourself from being bored? What would you like to be doing?

How long have you been feeling so bored?

	Coding rules	Codes
	LOSS OF AFFECT	CDA9101 Intensity
	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.	
		CDA9001 Onset
	BOREDOM	CDB0I01
	0 = Absent	Intensity
	2 = More than half the time.	
	3 = Al mos t all the time.	
V	0	CDB0O01 Onset
		//

LOSS OF INTEREST

Diminution of 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 subject's usual activities. Take into account everyday school/work and home activities as well as watching TV, playing games, taking an interest in clothes, food, appearance, hobbies, 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 changing interests or reduction due to school/work pressures.

Have things been interesting to you as much as they used to?

Have you lost interest in activities you used to do?

Like hobbies or sports? Have you taken up new interests since then?

When did you start losing interest in those things?

	Coding rules	Codes
	Coding rules	Codes
ity of e d in al , s, rests who	<text></text>	CDB1I01 Intensity

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. Comparison should be made with enjoyment when the subject 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?

SUBJECTIVE ANERGIA

Subjective report of a lack of energy compared with usual state, a general rating of subject's overall energy level.

DIFFERENTIATE FROM FATIGABILITY, SUBJECTIVE MOTOR SLOWING AND HYPERSOMNIA.

Have you been feeling energetic?

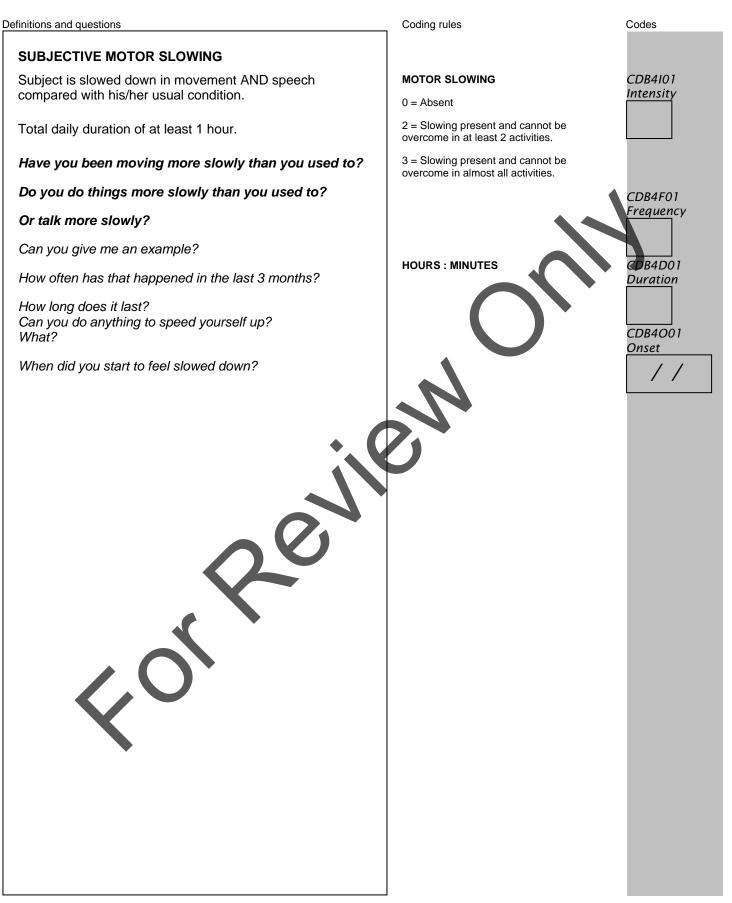
Do you have as much energy as you used to have?

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? How has that bothered you? Do you put things off because you haven't got enough energy?

When did you start feeling less energetic?

	Coding rules	Codes
	ANHEDONIA	CDB2I01
	0 = Absent	Intensity
	2 = Generalized diminution in pleasure taken in normally pleasurable activities.	
t,	3 = Almost nothing gives pleasure.	
		CDB2O01 Onset
h		
?	. N	
	0	
	ANERGIA	CDB3I01
	0 = Absent	Intensity
	2 = A generalized listlessness and lack of energy.	
	3 = A report of being almost completely without energy.	
		CDB3O01 Onset
		//



SUBJECTIVE COMPLAINTS ABOUT THINKING

INEFFICIENT THINKING

Unpleasant difficulty with thinking clearly or efficiently or concentrating, even about simple matters; total daily 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? Is there any interference with your thoughts?

When did you start to have trouble with your thinking?

INDECISIVENESS

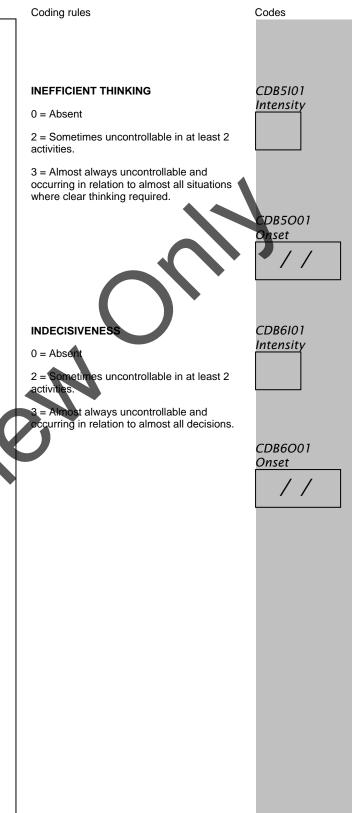
Unpleasant difficulty in reaching decisions, even about simple matters. This is a general rating of subject's ability to make decisions.

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? Has it always been like that? Does it cause you any trouble (if so, specify)? When did you start having trouble making decisions?



Definitions and questions Coding rules SUBJECTIVE RUSHING THOUGHTS SUBJECTIVE RUSHING THOUGHTS Subjective, unpleasant sensation of thoughts passing through the mind at an abnormally rapid speed; lasting at 0 = Absent least 1 hour in daily total. 2 = Rushing of thoughts intrusive in at least 2 activities and cannot be completely Do your thoughts ever go too fast? controlled. What's that like? 3 = Rushing of thoughts intrusive in nearly all activities and almost completely Is it unpleasant? uncontrollable. How often has that happened in the last 3 months? How long does it usually last? When did you first notice that your thoughts were going too HOURS : MINUTES fast? SUBJECTIVE SLOWED THOUGHTS Subjective, unpleasant sensation of thoughts passing **UBJECTIVE SLOWED THOUGHTS** through the mind at an abnormally slow rate; lasting at 0 = Absent least 1 hour in daily duration. 2 = Slowing of thoughts intrusive in at least 2 activities and cannot be completely Do your thoughts ever go to slow? controlled. What's that like? 3 = Slowing of thoughts intrusive in nearly all activities and almost completely Is it unpleasant? uncontrollable. How often has that happened in the last 3 months? How long does it last? When did your thoughts start going so slowly? **HOURS : MINUTES**

CDB7101 Intensity CDB7F01 requency CDB7D01 Duration CDB7001 Onset CDB8101 Intensity CDB8F01 Frequency CDB8D01 Duration CDB8001 Onset | |

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; with a total daily duration of at least 1 hour.

Differentiate from feeling unloved.

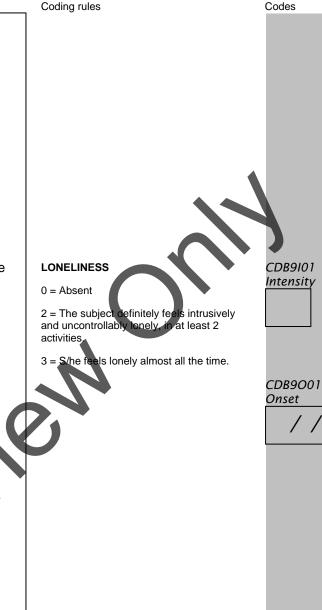
NOTE RELEVANT INFORMATION FROM PEER RELATIONSHIPS.

Do you ever feel lonely?

How often is that? When was the last time? Can you tell me about that, how did you feel? **Do you have any friends who you can count on**

Do they care about you? Do you feel lonely even though you have friends Would they want to help you if you needed help? Do you get left out by others? How do you feel about that? Do you think that's likely to change? Can you stop yourself from feeling lonely?

When did you start to feel lonely like that?



Definitions and questions Coding rules Codes **FEELS UNLOVED** A generalized feeling of being unloved and uncared for, FEELS UNLOVED CDC0101 regardless of the justification for that feeling. Intensity 0 = Absent 2 = The subject feels that there are others DIFFERENTIATE FROM LONELINESS. who love him/her but that s/he is loved or cared for less than other people. RELEVANT INFORMATION TO CODE THIS ITEM MAY 3 = The subject feels that almost no one HAVE EMERGED IN THE FAMILY LIFE AND loves him/her, or hardly ever believes that **RELATIONSHIPS SECTION.** anyone does. CDC0001 Is there anyone who loves you? Onset Who? / HOW DO YOU KNOW? What about your parents? What about your spouse/significant other/romantic partner? Your child/children? Has it always been like that? Will it always be like that? How do you know? When did you start to feel like that?

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 subject against him/herself, accompanied by expressed dislike or self-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 goodlooking, 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? **As a person are you as good as other people?**

Are you any good at all? Do you think you're no good?...at anything? Is everyone better than your 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 this?

FEELING SORRY FOR ONESEL

A feeling that life or people have been unfairly unpleasant or troubling and that the subject deserves better. Subject 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 feel that life hasn't been fair to you?

Codina rules Codes SELF-DEPRECIATION CDC1101 Intensity 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 every Self-hatred is also rated here. C1001 Inset FEELING SORRY FOR ONESELF CDC2101 Intensity 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. CDC2001 Onset

PATHOLOGICAL GUILT

Excessive self-blame for minor or non-existent wrongdoings. Subject 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?

When did you start to feel that you were "to blame?"

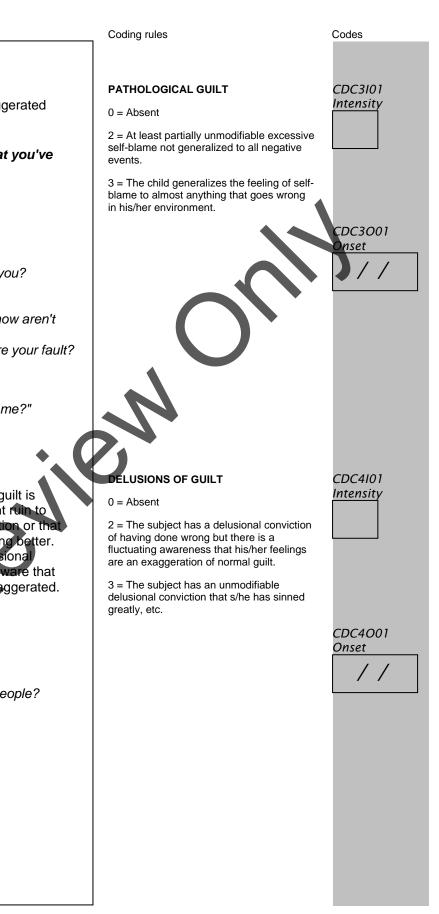
DELUSIONS OF GUILT

Delusional self-blame for minor or non-existent wrongdoings. Subject DOES NOT realize that guilt is exaggerated; may believe that s/he has brought run 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 deusional elaboration, in which the subject is in general aware that the guilt originates within him/herself and is exaggerated.

Have you committed a crime?

Or sinned greatly?

Do you deserve to be punished? Do you think that you might hurt or ruin other people?



Definitions and questions Codes Coding rules **IDEAS OF REFERENCE** Subjective feeling of being noticed or commented about in **IDEAS OF REFERENCE** CDC5101 public settings that are not justified by reality. Comments Intensity 0 = Absent seem to be mocking, critical, or blaming. Do not include situations in which the description offers evidence that 2 = Simple ideas of reference subject actually was being noticed or commented upon. 3 = Guilty ideas of reference CDC5F01 IF IDEAS OF REFERENCE ARE PRESENT, CONSIDER WHETHER THERE ARE DELUSIONS. Frequency Sometimes people get the feeling that other people are looking at them even when they know they aren't DC5D01 **HOURS : MINUTES** Duration really. Does that happen to you? When was the last time? Can you tell me about that? CDC5001 What do you think people think or say when you feel that Onset 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 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 How often does that happen? How long does it last when you feel like that? When did you first start feeling like that?

HELPLESSNESS

The subject 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?

Can you tell me about that? Do you sometimes feel helpless?

Is there anything you could do to make things better?

Would it work, do you think?

When did you start to feel that you couldn't do anything to improve your situation?

HOPELESSNESS

The subject 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 YOUR FUTURE WILL BE LIKE?

WILL THINGS GET BETTER FOR YOU? OR WORSE

Do you think anyone can help you? Do you feel hopeless about the future? In what wav? How often do you feel like that? Can you do anything about it?

When did you start to feel that the future didn't hold good things for you?

HELPLESSNESS 0 = Absent 2 = The subject feels helpless and cannot always modify his/her feelings, but can report expectations of being able to help him/herself. 3 = The subject expresses almost no hope of being able to help him/herself. The subject feels hopeless and cannot always modify his/her feelings, but can report some positive expectations of the uture.

Coding rules

3 = The subject expresses almost no hope for the future at all.

> CDC7001 Onset

Codes

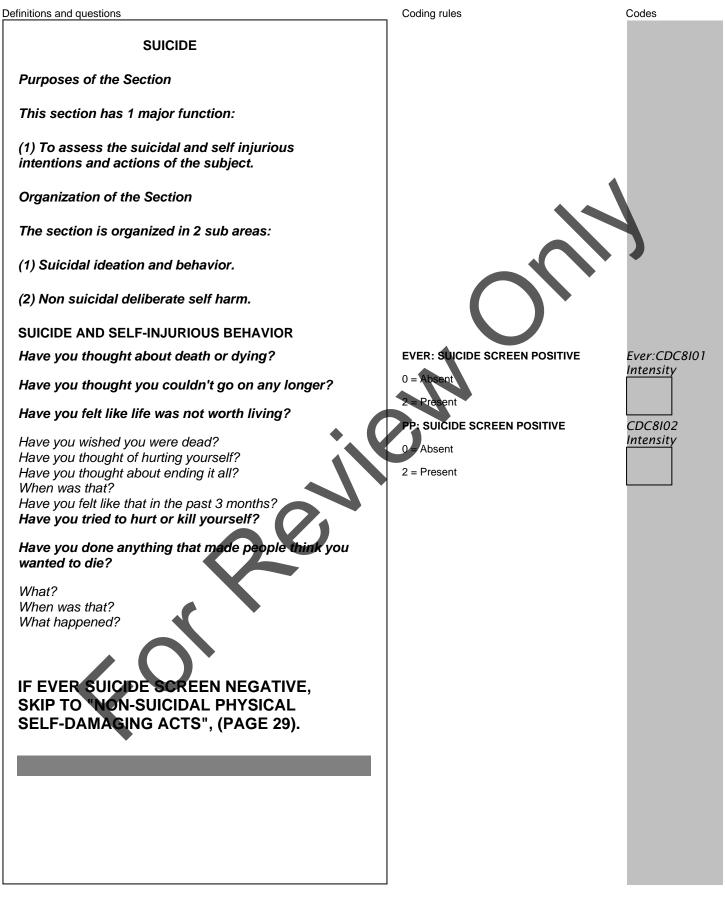
CDC6101

Intensity

CDC6001 Onset

CDC7101

Intensity



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.

CODE THOUGHTS ABOUT TAKING ONE'S OWN LIFE UNDER SUICIDAL THOUGHTS.

You said you have thought about death or dying, can you tell me about that? 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? What are you doing when you have these thoughts? Can you stop yourself from thinking these thoughts?

How often, in the last 3 months, have you thought about that?

How long have you been thinking like that?

SUICIDAL THOUGHTS

Thoughts specifically about killing oneself, by whatever means, with some intention to carry them out.

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 this?

How many times have you had these thoughts in the last 3 months?

Can you tell me the first time you remember having these thoughts?

IF SUICIDAL THOUGHTS NOT PRESENT, SKIP TO "SUICIDAL ATTEMPTS", (PAGE 23).

Coding rules Codes THINKING ABOUT DEATH CDC9101 Intensity 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. DC9F01 equency CDC9001 Onset SUICIDAL THOUGHTS CDD0101 Intensitv 0 = Absent2 = At least sometimes uncontrollable suicidal thoughts, recurring in at least 2 activities. 3 = Usually uncontrollable suicidal thoughts intruding into most activities. CDD0F01 Frequency CDD0001 Onset 11

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? Like storing up pills or getting a weapon? Can you tell me about the plan/preparations?

How many times in the last 3 months have you considered a plan like that?

When did you first make a plan?

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 subject's intention was to die. If unsure about intention to die, code if the subject can describe a clear self-harmful event.

Have you 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?

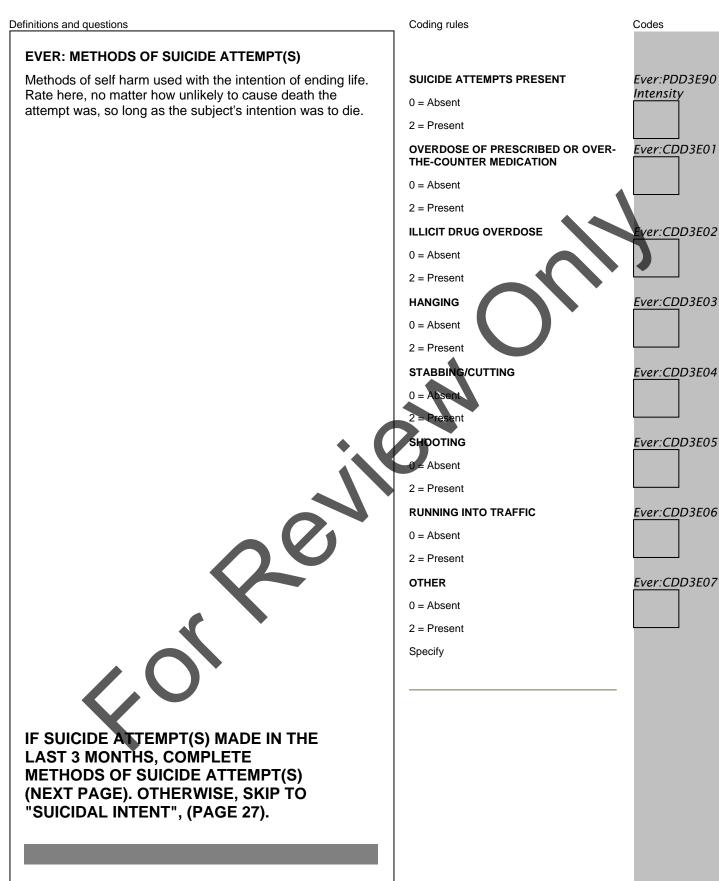
How many times have you tried?

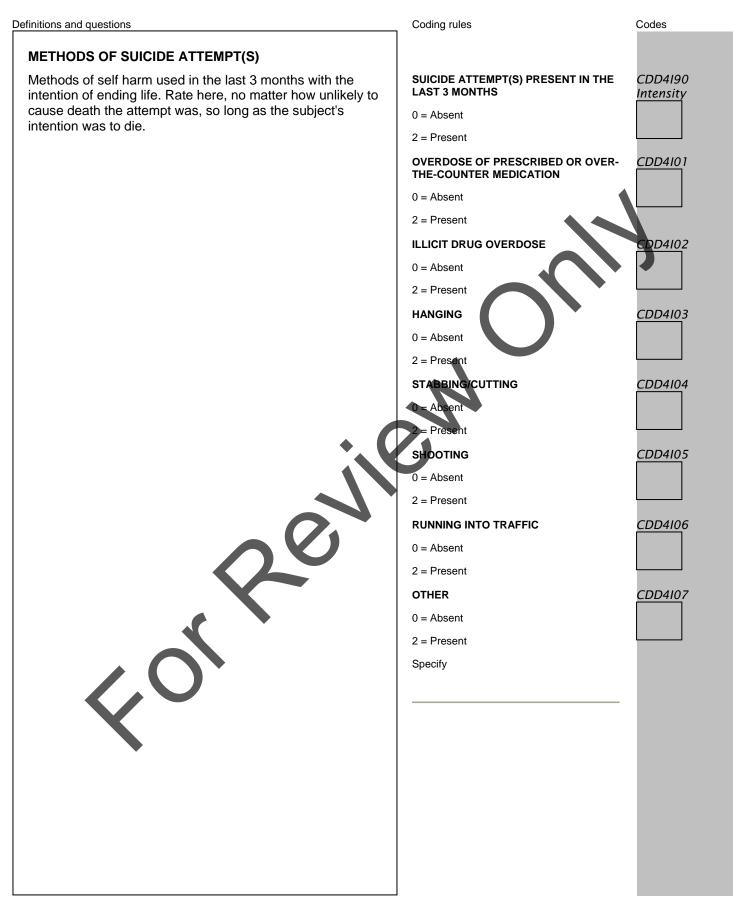
What do you think about it now? Would you do it again if you had the chance? Do you wish you were dead now?

In the last 3 months, how many times have you tried?

	Coding rules	Codes
	SUICIDAL PLANS	CDD1101
	0 = Absent	Intensity
	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.	
		CDD1F01
		rkequency
		CDD1001 Onset
	SUICIDAL BEHAVIOR	Ever:CDD2E01 Intensity
V	0 = Absent	
	2 = Present	
	DATE OF FIRST ATTEMPT	Ever:CDD2O01
	DATE OF LAST ATTEMPT	Ever:CDD2002
		Ever:CDD2V01
		Frequency
	SUICIDAL BEHAVIOR IN LAST 3	 CDD2I01
	MONTHS 0 = Absent	Intensity
	0 = Absent 2 = Present	
		CDD2F01
		Frequency

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 29).





SUICIDAL INTENT

Code the highest level of suicidal intent manifested in an attempt. Do not include potentially self-injurious behavior without suicidal intent here; that is coded under "Suicidal" Behavior without Intent.

Which time were you most serious about killing vourself?

What did you do? Did you really want to die?

Were you serious about killing yourself when you tried in the last 3 months?

LETHALITY OF SUICIDAL ATTEMPT

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

Did you have to have medical attention? Were you unconscious as a result? Did you have your stomach pumped or have any type of operation?

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.

Codina rules

SUICIDAL INTENT

1 = Subject reports minimal intention to

2 = Substantial intent to kill self. but

whether to code 2 or 3, code 2.

SUICIDAL INTENT

actually kill him/herself, but either revealed

the attempt to others, or otherwise ensured that there was little risk to take his/her life.

associated with ambivalence to a sufficient degree that the intention was not absolute.

3 = Absolute (or almost absolute) intention

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.

to commit suicide, expressed with little or no ambivalence or uncertainty. If uncertain

LETHALITY OF SUICIDAL ATTEMPT

1 = Mild: No Medical attention needed or sought.

2 = Moderate: Some medical attention sought or required (e.g., sewing up cuts, stomach lavage).

3 = Serious: The attempt resulted in unconsciousness, the need for resuscitation, assisted respiration, blood transfusion, or operative intervention.

LETHALITY OF SUICIDAL ATTEMPT

1 = Mild: No Medical attention needed or sought.

2 = Moderate: Some medical attention sought or required (e.g., sewing up cuts, stomach lavage).

3 = Serious: The attempt resulted in unconsciousness, the need for resuscitation, assisted respiration, blood transfusion, or operative intervention.

Ever:CDD5E01 Intensity



CDD5101 Intensity

Ever:CDD7E01 Intensity

CDD7101 Intensity

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?

How long was that before you tried to kill yourself? Were you drunk? Were you high? Was the alcohol (drug) having any effect on you at the time you tried to kill yourself?

Were you drunk or high when you tried in the last 3 months?

"SUICIDAL" BEHAVIOR WITHOUT INTENT

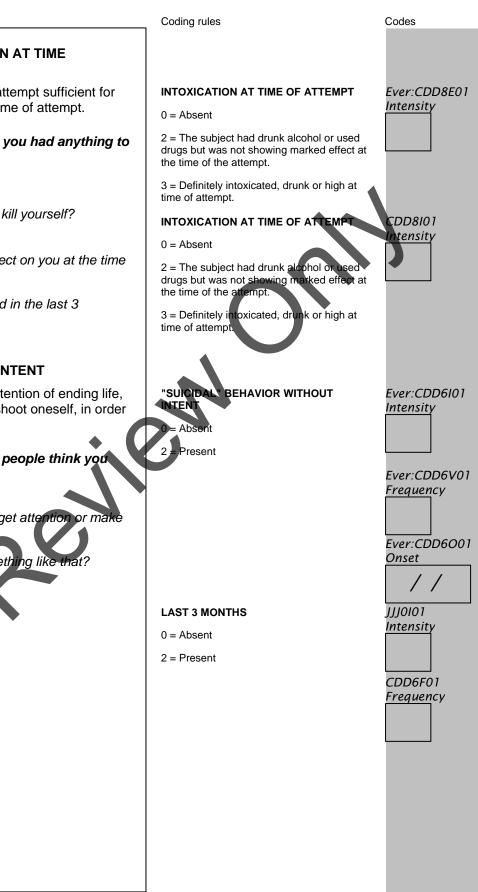
Actions threatening suicide, without intention of ending life, e.g., taking a gun and threatening to shoot oneself, in order to control others' behavior.

Have you done anything that made people think you wanted to die?

Why did you do it? Have you pretended to be suicidal to get attention or make somebody do something?

How many times have you done something like that? How about in the last 3 months?

When was the first time?



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, burning self, deliberately putting finger in door jam and closing door, wrist-slashing or cigarette burns).

Have you 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 many times have you done that in the last 3 months?

How many times, EVER, have you done something to hurt yourself like that?

When was the first time you did something like that to hurt yourself?

NON-SUICIDAL PHYSICAL SELF-CDD9101 DAMAGING ACTS Intensity 0 = Absent 2 = Acts not receiving medical treatment. 3 = Acts receiving medical treatment (simple attending hospital counts as treatment). CDD9F01 requency CDD9001 Onset NON-SUICIDAL PHYSICAL SELF-Ever:CDE0V01 DAMAGING ACTS Intensity 0 = Absects not receiving medical treatment. Acts receiving medical treatment (simple attending hospital counts as treatment).

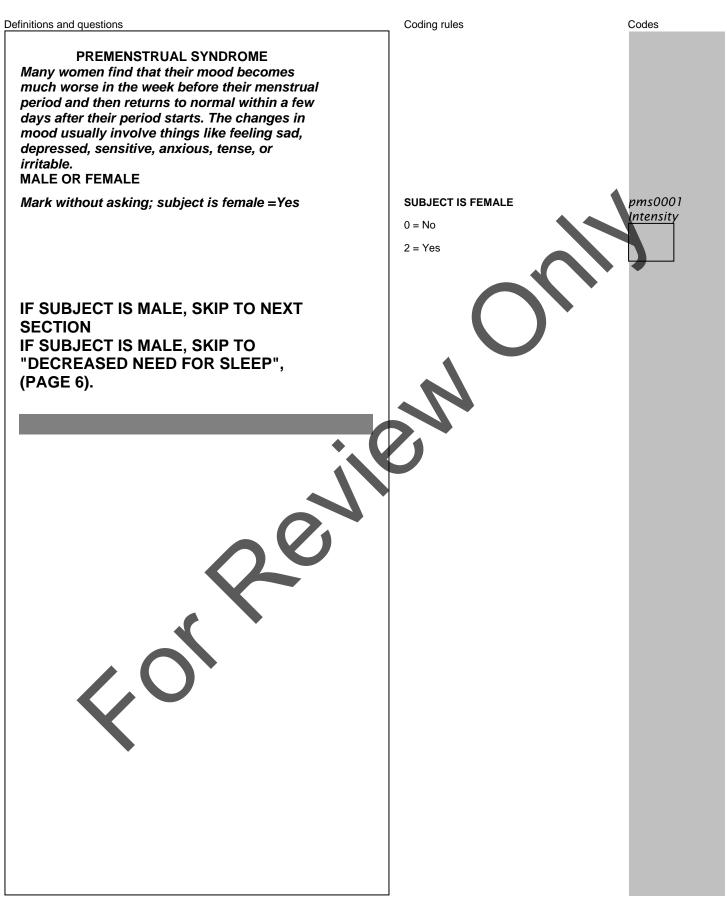
Coding rules

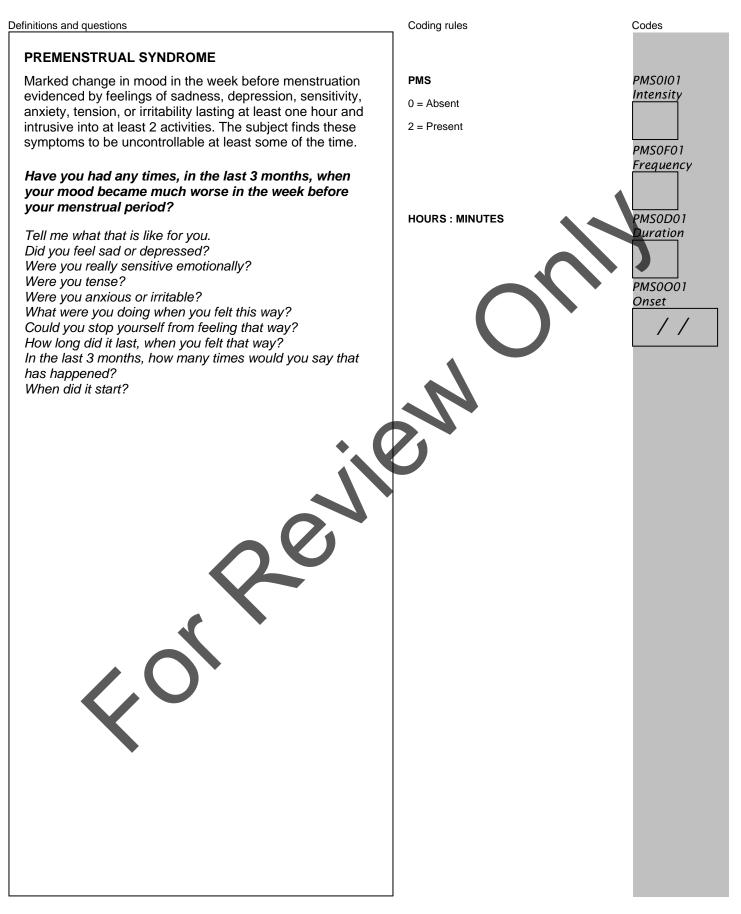
Ever:CDE0001 Onset

Codes



IF NON-SUICIDAL PHYSICAL SELF-DAMAGING ACTS ARE PRESENT, COMPLETE, OTHERWISE, SKIP TO "3 OR MORE FEELING ASSOCIATED WITH PMS...OTHERWISE SKIP TO HYPOMANIA", (PAGE ERROR! BOOKMARK NOT DEFINED.). Definitions and questions Coding rules Codes DYSPHORIA OF SELF-MUTILATORY TYPE DYSPHORIA OF SELF-MUTILATORY Highly unpleasant mounting feeling of inner tension, CDE1101 TYPE released by a self-mutilatory act. Intensity 0 = Absent Questions as under non-suicidal physical self-damaging 2 = Present acts. CDE1F01 How did you feel when you hurt or cut yourself? Frequency Did you feel tense before you did it? Did you feel better after you did it? **HOURS : MINUTES** DEID01 How many times have you hurt/cut yourself (in the last 3 uration D months)? How long does that feeling last? CDE1001 When did you first get it (the tension)? Onset | |





FEELINGS ASSOCIATED WITH PMS

Any of the following symptoms associated with a bout of PMS: sadness or depression, feeling worthless or guilty, tension or anxiety, nervous, keyed-up or on edge, tearful, sensitivity, irritable or angry, loss of interest, difficulty concentrating, fatigue, increased appetite, sleepiness and/or difficulty sleeping, inability to cope with day-to-day problems, or physical pain, bloating, or tenderness.

Which of the following problems did you usually experience either most of the time, or all of the time, during the week before your menstrual period?

Did you usually feel sad or depressed most of the time?

Did you usually feel worthless or guilty?

Did you feel tense or anxious?

Did you usually feel keyed up or on edge?

Did you have mood swings when you felt suddenly sad or tearful?

Did you usually feel much more sensitive than normal, like your feelings were easily hurt?

Did you usually feel irritable or angry?

Did you have a lot less interest than usual in activities like work, classes, friends, or hobbies?

Did you have more difficulty than usual focusing on your activities or concentrating?

Did you usually feel especially tired, easily fatigued, or without energy?

Did you have a much bigger appetite or have cravings for certain foods?

Did you sleep more than usual or find it especially hard to wake up?

Did you have more trouble than usual with getting to sleep or staying asleep?

Did you often feel emotionally unable to cope with dayto-day problems?

Did you have physical symptoms like breast tenderness or swelling, headaches, joint or muscle pain, weight gain, or a "bloated" feeling?

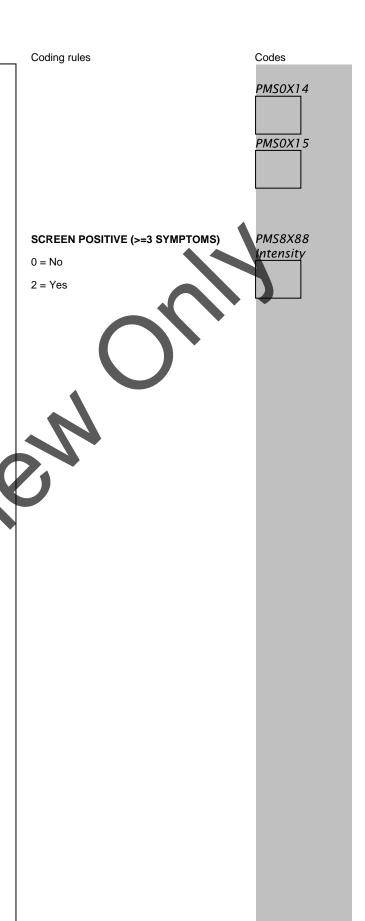


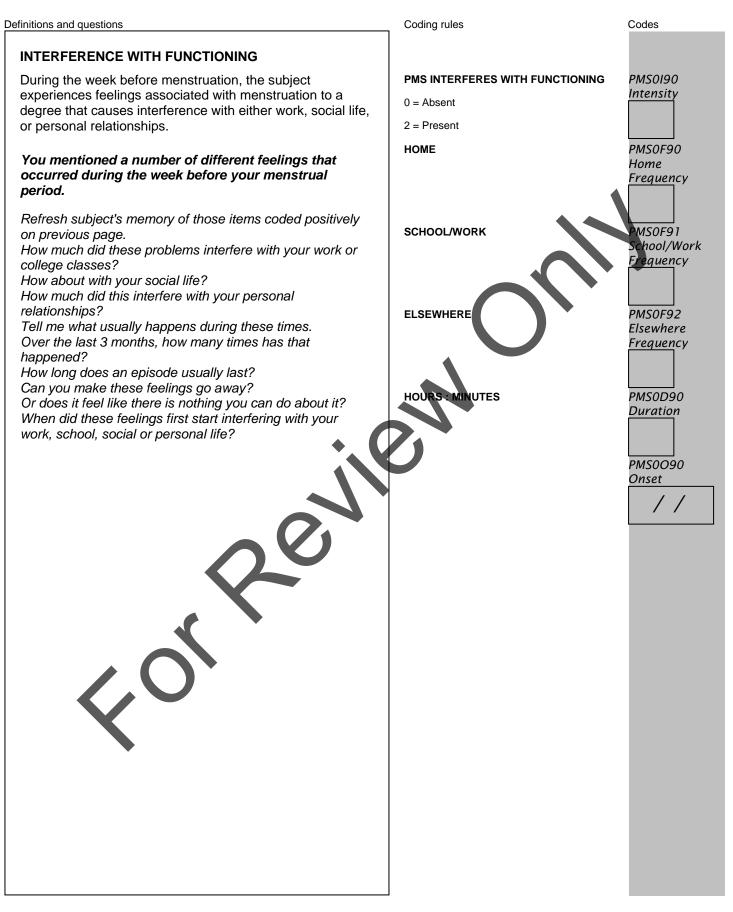
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Wave P eYAPA 2.0.3
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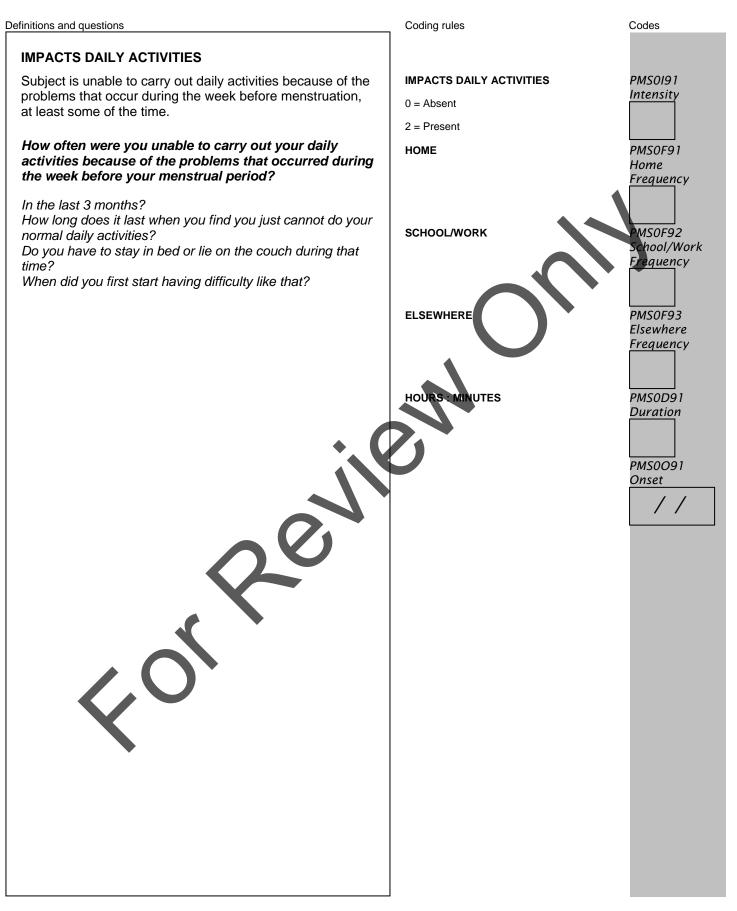
SCREEN POSITIVE FOR PMS

Mark without asking. Are there 3 or more symptoms associated with PMS?

IF 3 OR MORE DIFFERENT FEELINGS ASSOCIATED WITH PREMENSTRUAL SYNDROME ARE PRESENT IN THE LAST 3 MONTHS, ASK ABOUT INTERFERENCE WITH WORK, SOCIAL LIFE, OR PERSONAL RELATIONSHIPS. IF 3 OR MORE FEELING ASSOCIATED WITH PMS...OTHERWISE SKIP TO HYPOMANIA, SKIP TO "DECREASED NEED FOR SLEEP", (PAGE 6).







HYPOMANIA AND MANIA MANIC MOOD DISTURBANCE

REMEMBER TO GET EXAMPLES AND BEHAVIORAL DESCRIPTIONS.

EXPANSIVE MOOD

Feelings of euphoria or elation lasting at least 1 hour at a time, which represents a substantial change from the subject's usual mood and which are not a response to specific situations.

Do not include drug/alcohol induced euphoria.

Do not include responses to happy events (such as sporting victories, birthdays, falling in love, 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?

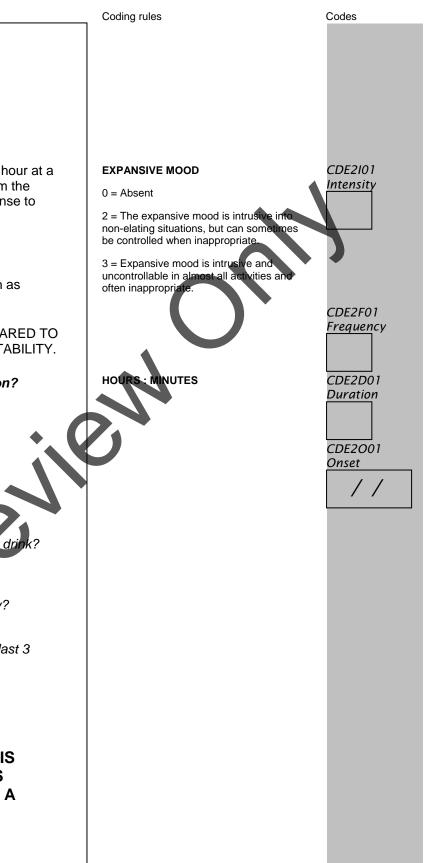
Did anyone comment on your behavior?

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 does that feeling last?

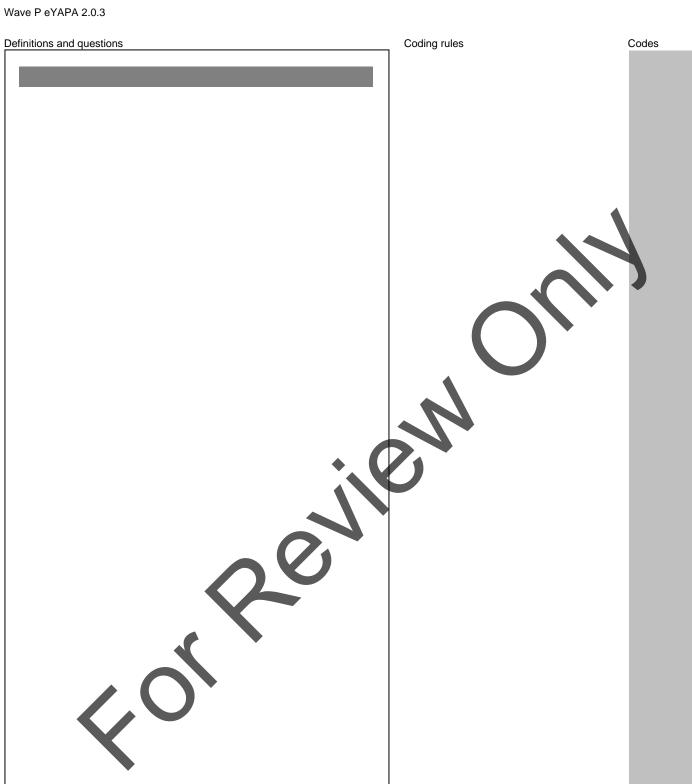
How many times have you been like that in the last 3 months?

When did you first start having times like that?

IF EVIDENCE OF EXPANSIVE MOOD IS NOT PRESENT, AND IRRITABILITY IS NOT PRESENT 4 HOURS A DAY FOR A WEEK, SKIP TO "AMENORRHEA", (PAGE 15).



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Hypomania and Mania
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IRRITABILITY WITH EXPANSIVE MOOD

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

DEPRESSED MOOD WITH EXPANSIVE MOOD

Both Depressed Mood and Expansive Mood present within same 24 hour period. Either the two moods must both separately meet the criteria for each, or if the two rapidly alternate, the two taken together must last at least one continuous hour at a level that meets the other minimum criteria.

Were there times when you were both "really happy" and "depressed" on the same day?

Tell me about that. Were you usually like that? Or were you usually either one or the other? How long did it last?

When did you start to get the "depression" and "feeling really happy" so close together?

Has there been a period of at least 2 months during the last year when you didn't have either "depressed mood" or "expansive mood?"

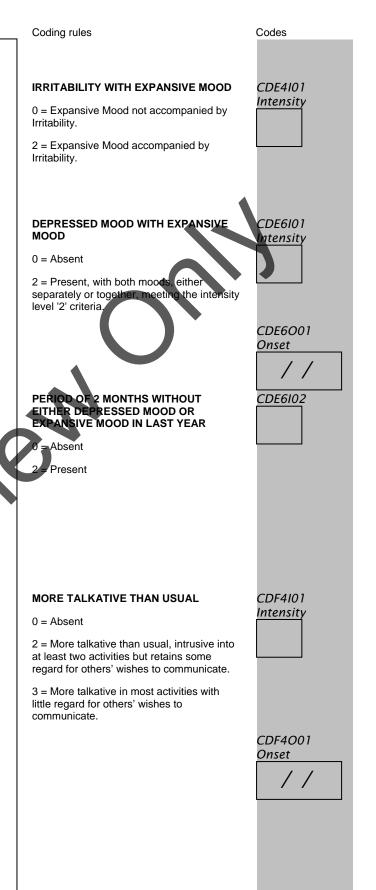
MORE TALKATIVE THAN USUAL

Subject is more talkative than usual. Speech may be loud, rapid, nonstop, or difficult to interrupt during periods of Expansive, Expansive/Irritable, or Irritable Mood.

Have you had times when you were more talkative than usual?

What was that like? Could others get a word in edgewise?

When did that start?



SUBJECTIVE FLIGHT OF IDEAS

A subjective description of images and ideas flashing through the mind, when in Expansive or Expansive/Irritable Mood, or Irritable Mood.

Lasting at least 1 hour daily total.

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 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 did it last?

When did it start?

SUBJECTIVE PRESSURE OF SPEECH

A subjective 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?

	Coding rules	Codes
hing ve/Irritable	SUBJECTIVE FLIGHT OF IDEAS 0 = Flight of ideas absent.	CDE7I01 Intensity
	2 = Flight of ideas intrusive into normal thinking, involving at least 2 activities, but some coherent thought processes possible,	
shed st?	even if with effort to maintain control. 3 = Flight of ideas so intrusive as to be almost completely disruptive of normal thought.	
o another		CDE7001 Onset
ardly keep		• / /
ime?		
	N	
with a	SUBJECTIVE PRESSURE OF SPEECH	CDE8I01 Intensity
:, wh en in e Mood.	 0 = Pressure of speech absent. 2 = Pressure of speech intrusive into normal communication in at least 2 	
5	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.	
		CDE8001 Onset
		//

SUBJECTIVE MOTOR PRESSURE

Feeling of increased physical energy or capacity expressed in motor behavior, when in Expansive or Expansive/Irritable Mood, or Irritable Mood.

Have you had times when you felt really energetic?

What did you do? When you were feeling "high", did you do any physical activities that you wouldn't normally?

Had you developed any new interests? How did you become interested in that? What did other people think of your activities? Were you moving faster than usual? When did this first happen to you?

SUBJECTIVE AGITATION

Markedly changed motor activity associated with Expansive or Expansive/Irritable or Irritable Mood. Account of a severe level of inappropriate, unpleasant motor restlessness during the mood state, indicated by pacing, wringing of hands, or similar activities; 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

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?

	Coding rules	Codes
	SUBJECTIVE 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.	CDE9I01 Intensity
	3 = Child actually takes up new physical activities as a result of increased motor activity.	CDE9001
		Onset
	SUBJECTIVE AGITATION	CDF5I01 Intensity
	0 = Absent	miensity
	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.	
N	3 = Agitation almost entirely uncontrollable.	
		CDF5F01
•		EDF5F01 Frequency
	HOURS : MINUTES	 CDF5D01
		Duration
		 CDF5001
		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 sometimes?

DECREASED NEED FOR SLEEP

During the period of mood disturbance, subject felt 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 up did you feel properly rested When did that start?

DISTRACTIBILITY 0 = Absent 2 = Present in a least 2 activities and at least sometimes uncontrollable by the subject. 3 = Present in most activities and at least sometimes uncontrollable by the subject or by admonition. DECREASED NEED FOR SLEEP ent hours less sleep than usual per ne niaht.

Coding rules

CDF0101 Intensity

More than 2 hours less sleep than usual



Hypomania and Mania

Codes

CDF6101

Intensity

GRANDIOSE IDEAS AND ACTIONS

An unusually increased level of self-esteem or selfappraisal 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.

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? Did you think you had (have) special powers or talents? Have you felt specially healthy? Have you been buying any interesting things lately? When did you start feeling that way about yourself?

POOR JUDGMENT DURING EPISODE

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 we "high"?

What did you do? Did you spend a lot of money then?

What did you spend it on? Did you behave in ways that seem embarrassing or silly now?

Did you get into any trouble when you were "high"?

What happened? Have you been left with any problems by...?

When did you first do something like that?

Codina rules Codes **GRANDIOSE IDEAS AND ACTIONS** CDF1101 Intensity 0 = Absent 2 = Ideas present but not translated into action. 3 = Ideas translated into action. CDF1001 Onset POOR JUDGMENT DURING EPISODE CDF2101 Intensity 0 = Absent 2 = Behavior that involved definitely poor judgment but which was within the range of socially acceptable irresponsible behavior (e.g. getting very drunk, staying out overnight at a party when expected at home, speaking rudely/impertinently to other people). 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), and hence likely to result in some form of negative consequences such as dismissal or arrest. CDF2001 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 sudden needs to meet deadlines or to avoid punishment.

When you felt "so good" how did it affect your work?

Were you able to work better or more efficiently than usual?

How did you get along with your parents or friends when you were "high"?

Did you get more involved in things than you normally would?

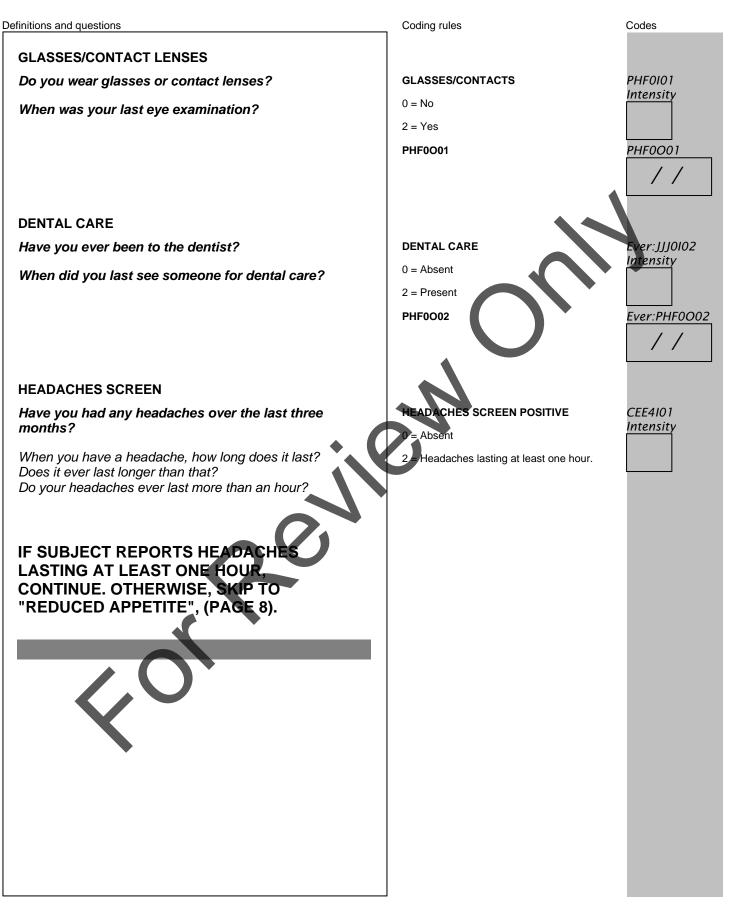
Did you take more interest in things than you normally like to?

Did you get more done?

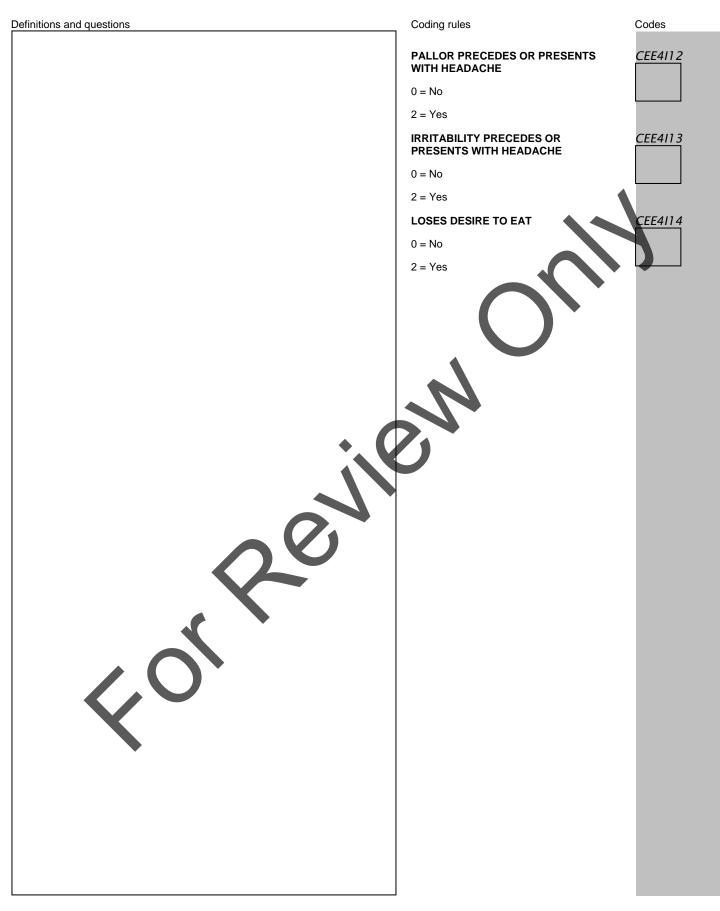
When did that first happen to you?

	Coding rules	Codes
ng or	INCREASE IN ADAPTIVE ACTIVITY AS COMPARED WITH USUAL LEVEL	CDF3I01 Intensity
	0 = Absent	
needs to	2 = Increase in adaptive activity in at least 2 activities.	
r work?	3 = Increase in adaptive activity in almost all activities.	
nan		CDF3O01 Onset
iends		//
normally	\bigcap^{i}	
nally like		

finitions and questions	Coding rules	Codes
PHYSICAL HEALTH GENERAL HEALTH ASSESSMENT		
Subject's assessment of their own health in general.	GENERAL HEALTH	<i>JJJ0103</i>
If you would please, answer "mostly true" or "mostly false"	0 = Absent 2 = Present	Intensity
My health is excellent	HEALTH	<u> </u>
I seem to resist illness very well	0 = Mostly True	
I seem less healthy than other people I know	2 = Mostly False RESISTANCE	<u>c00731</u> 00
When there is something going around, I usually catch it	0 = Mostly True 2 = Mostly False	
I am somewhat clumsy	COMPARISON	C00741 00
l seem accident prone	0 = Mostly False	
When I am sick or injured, I usually recover quickly	2 = Mostly True	
Have you ever been seriously ill?	EASE OF CONTRACTION	<u>C00751</u> 00
Were you so sick that you thought you might die?	2 = Mostly True	
Do you ever think about how long you might live?	CLUMSINESS	<u>C00761</u> 00
If you had to guess, how long do you expect your life	0 = Mostly False	
to be?	2 = Mostly True	
How old do you think you will live to be?	ACCIDENT PRONE	<u>C00771</u> 00
	0 = Mostly False	
	2 = Mostly True	
	RECOVERS QUICKLY	<u>C00781</u> 00
	0 = Mostly True	
	2 = Mostly False	
	SERIOUS ILLNESS	<u>C0079</u> 00
	0 = No 2 = Yes	
	POSSIBLE DEATH	C0080 00
	0 = No	
•	2 = Yes	
	EXPECTED AGE AT DEATH	C0081 00



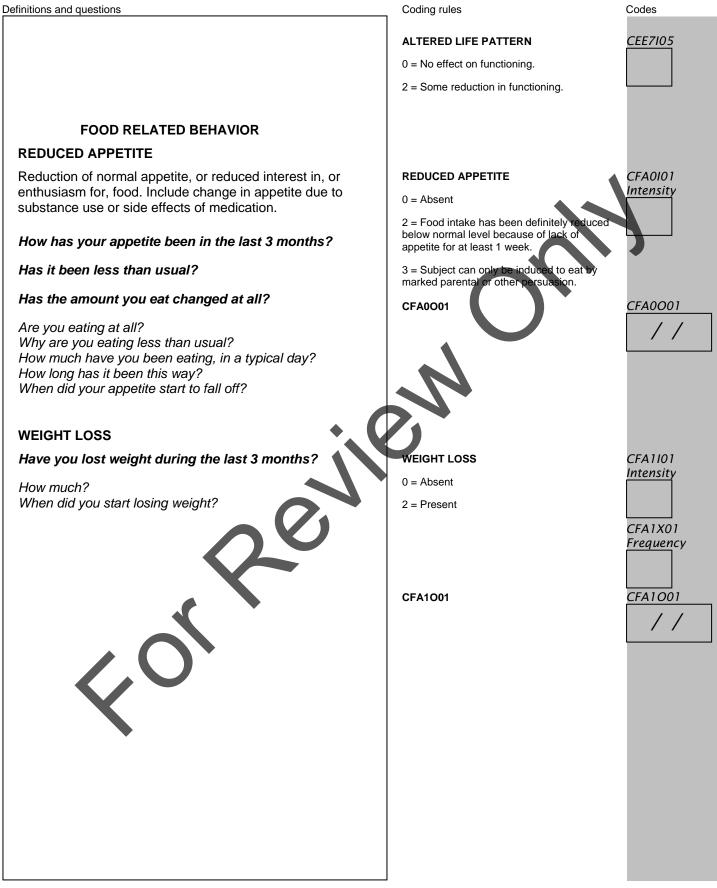
initions and questions	Coding rules	Codes
MIGRAINE HEADACHES		
SUBJECT REPORTS HEADACHES LASTING AT LEAST	HEADACHES PRESENT	abc4i01
ONE HOUR.	0 = Absent	Intensity
Have you had some headaches during which your head	2 = Present	
seemed to throb?	THROBBING	 CEE4I02
Where did it hurt?	0 = No	
Does it sometimes hurt on just one side of your head?	2 = Yes	
Does it sometimes hurt all the way across the front of		CEE4103
your head?	0 = No	
ls it bad enough to keep you from doing things?	2 = Yes	
	FRONTAL	CEE4104
What does it keep you from doing?	0 = No	
Does the pain get worse when you do something physical?	2 = Yes	
onysical:	INHIBITS DAILY ACTIVITIES	CEE4105
Such as climbing stairs? Or dancing?	0 = No	
Do you get sick to your stomach?	2= Yes	
Do you throw up?	PAIN WORSENED BY PHYSICAL	CEE4106
	$0 = N_0$	
When you have a headache, does light sometimes bother you?	2 = Yes	
		CEE 410 7
What about noise? Does noise bother you when you have a headache?	SICK TO STOMACH/NAUSEA	CEE4107
	0 = No	
When you have a headache, does it affect your sight?	2 = Yes	
What is that like?	VOMITING	CEE4I08
Do you seem to see spots? Or have less vision (like out of the corner of your eye)?	0 = No	
Do you lose some of your vision?	2 = Yes	
During the hour before the headache starts, does it	PHOTOPHOBIC/BOTHERED BY LIGHT	CEE4109
affect your sight?	0 = No	
When you have a headache, do you get pale?	2 = Yes	
Has anyone mentioned that you get pale?	PHONOPHOBIC/BOTHERED BY	CEE4I10
During the hour before the headache starts, do you get	SOUNDS	
pale?	0 = No	
When you have a headache, do you get bad tempered?	2 = Yes	
Or angry, touchy, or easily annoyed?	AURA PRECEDES OR PRESENTS WITH HEADACHE	CEE4111
During the hour before the headache starts, do you get bad tempered?	0 = No	
•	2 = Yes	
Does the headache make you lose your appetite?	100	



nitions and questions	Coding rules	Codes
NAUSEA, VOMITING OR AURA PRESENT WITH MIGRAINES		
RECALL FROM LAST SECTION IF NAUSEA, VOMITNG DR AURA IS PRESENT.	NAUSEA, VOMITING OR AURA PRESENT	abc5000 Intensity
You mentioned that over the last three months you have had headaches that (summarize migraine symptoms) or made you feel (summarize migraine symptoms).	0 = Absent 2 = Present SEVERITY (CODE 1-10, WITH 10 AS	
How would you rate these headaches on a scale of 1- 10, with 1 being mild and 10 being really bad?	MOST SEVERE) PAINFREE INTERVALS	CEE5102
Do you have time between these headaches when you have no pain?	0 = No	CEESIO2
Do sleep and rest help the headache to go away?	2 = Yes SLEEP AND REST HELP	CEE5103
How many headaches with symptoms like this have you had over the last three months?	0 = No 2 = Yes	
On average, how long does this kind of headache last? How long do the symptoms last?		CEE5F01 Frequency
When did you start getting headaches like this?		
Have you missed any classes/work because of these headaches?	HOURS : MINUTES	CEE5D01 Duration
Have you seen a doctor about these headaches?		
What does your doctor say is wrong? What did s/he do?	CEE5001	CEE5001
Have you taken any medications for these headaches?	MISSED CLASS OR WORK	CEE5104
Did the doctor prescribe any medications for these headaches?	0 = No school or work missed on account of symptom.	
How much do these headaches affect your life?	2 = At least 1 day of school or work missed. PHYSICIAN	CEE5105
	0 = No contact.	
	2 = Any medical contact related to symptoms.	
X	MEDICATION	CEE5106
	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	CEE5107
	0 = No effect on functioning.	

finitions and questions	Coding rules	Codes
	2 = Some reduction in functioning.	
NON-MIGRAINE HEADACHES		
In the last 3 months, have you had headaches without nausea, vomiting, or aura?	NON-MIGRAINE HEADACHES IN PP 0 = Absent	CEE6X44 Intensity
Over the last three months, have you had headaches where your whole head was hurting? (Not just on one side)	2 = Present GENERALIZED LOCATION	CEE6101
When you had that kind of headache, did it feel like a rubber band was putting pressure around your head?	0 = No 2 = Yes	
Or like your head was in a vise?	BANDLIKE PRESSURE	CEE6102
During this kind of headache, did you throw up?	0 = No 2 = Yes	
Or feel sick to your stomach?	FELT LIKE HEAD IN A VISE	CEE6103
During this kind of headache, was your vision affected?	0 = No 2 = Yes	
Did you see spots or lights? Did you lose some of your sight?	HEADACHE WITH VOMITING	CEE6104
	2 Present HEADACHE WITH NAUSEA 0 = Absent HEADACHES WITH AURA 0 = Absent 2 = Present	CEE6105

finitions and questions	Coding rules	Codes
NAUSEA, VOMITING AND/OR AURA WITH NON- MIGRAINE HEADACHES		
You mentioned you have had headaches with (summarize symptoms) over the last three months.	NON-MIGRAINE HEADACHES 0 = Absent	abc5001 Intensity
How painful are these headaches?	2 = Present	
How would you rate these headaches on a scale of 1- 10, with 1 being mild and 10 being really bad?	SEVERITY (CODE 1-10, WITH 10 AS MOST SEVERE)	CEE7101
How often over the last 3 months have you had a headache like that?	1 = Least Severe 2 = 2 Severity	
How long do the symptoms usually last?	3 = 3 Severity	
When did you start getting this kind of headache?	4 = 4 Severity 5 = Medium Severity	
How old were you then?	6 = 6 Severity	
Have you missed any classes/work because of these headaches?	7 = 7 Severity 8 = 8 Severity	
Have you seen a doctor about these headaches?	9 = 9 Seventy	
What does your doctor say is wrong?	10 = Most Severe	
What did s/he do?	7.	CEE7F01 Frequency
Have you taken any medications for these headaches?		
Did the doctor prescribe any medications for these headaches?	HOURS : MINUTES	CEE7D01 Duration
How much do these headaches affect your life?	CEE7001	 CEE7O01
	MISSED CLASS OR WORK	CEE7102
	0 = No school or work missed on account of symptom.	
	2 = At least 1 day of school or work missed.	
	PHYSICIAN	CEE7103
	0 = No contact.	
•	2 = Any medical contact related to symptoms.	
	MEDICATION	CEE7104
	0 = No treatment.	
	2 = Any non-prescribed medical/surgical treatment related to symptoms.	
	3 = Any prescribed medical/surgical treatment related to symptoms.	



EXCESSIVE APPETITE

An increase in appetite outside the normal range of the subject, including eating for comfort. Include change in appetite due to substance use or side effects of medication.

Have you had a bigger appetite than usual in the last 3 months?

Why? Have you actually eaten more than usual?

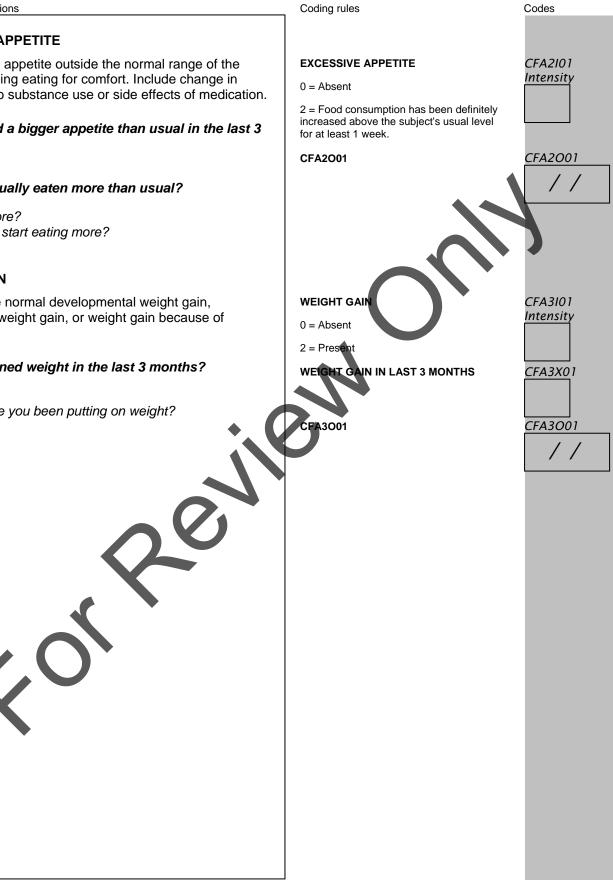
How much more? When did you start eating more?

WEIGHT GAIN

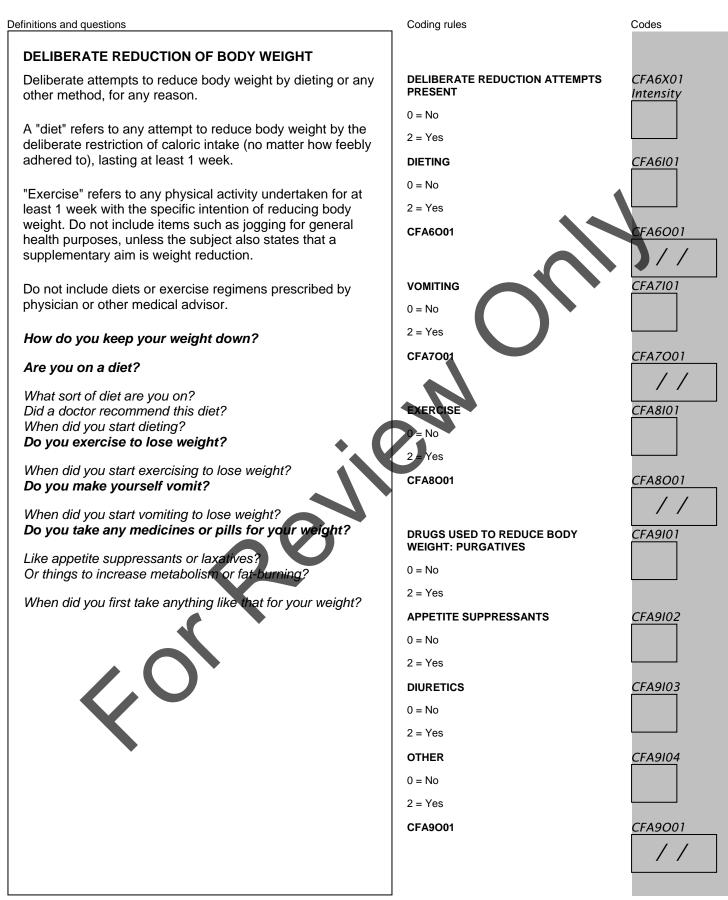
Do not include normal developmental weight gain, premenstrual weight gain, or weight gain because of pregnancy.

Have you gained weight in the last 3 months?

How much? How long have you been putting on weight?



initions 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.	ANOREXIA/BULIMIA SCREEN POSITIVE 0 = No 2 = Yes	CFA5I01 Intensity
Have you been on a diet in the last 3 months?		
How long did you stick to it? Are you afraid of getting fat?		
<i>Do you ever have really severe eating binges on your own?</i>		3
In private? When no one else is around?		
<i>Do you avoid foods that might make you fat? Have you done any exercise specifically to lose weight?</i>		
Have you done anything else to lose weight?		
Do you think you need to lose weight?		
Does your weight bother you at all?	6	
IF IF ANOREXIA/BULIMIA SCREEN BEGATIVE, SKIP TO, SKIP TO "SELF EVALUATION DEPENDS ON SHAPE AND WEIGHT", (PAGE 16)		



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.

Distinguish from Worrying About Becoming Fat. If impossible to separate, code under Worrying About Becoming Fat.

If neither symptom meets the one hour daily criterion, but the two dymptoms together last 1 hour or more in daily total, code under Preoccupation With Food And Eating and base frequency, duration, and onset on combined symptoms.

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 food? How much time do you spend thinking about food or eating? How long have you been bothered about food and eating?

WORRY ABOUT BECOMING FAT

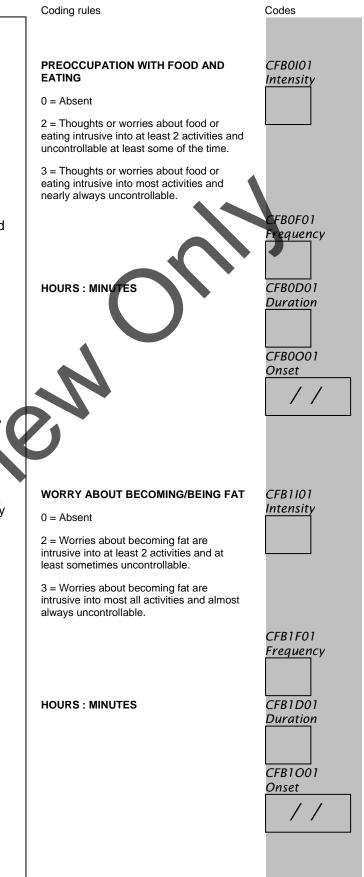
An episode of painful, unpleasant or uncomfortable thoughts about becoming (or being) fat or obeset total daily duration of at least 1 hour.

Do you think you are the right weight

How much do you think you should weigh?

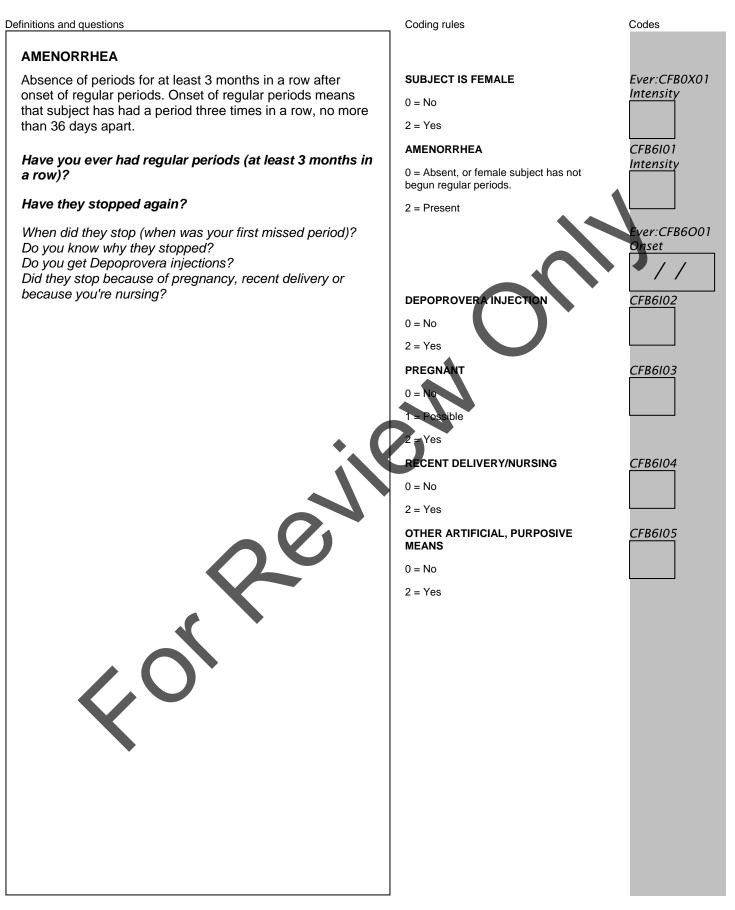
Do you worry about getting fat?

Do you worry that you may be obese? 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?



Definitions and questions Coding rules Codes **BODY IMAGE DISTURBANCE** Unrealistic conviction that subject is fatter than is the case. BODY IMAGE DISTURBANCE CFB2101 Intensity 0 = Absent Do not code fat people, who realistically report that they are 2 = The subject has a persistent unrealistic fat. view that s/he is fat but sometimes can be induced to agree that s/he may not be How do you see your body size? overweight. CFB2001 Are you fatter than average? Onset What do you think if I tell you that I think you're actually thinner than average (really just right)? When did you start to feel like that? IF SUBJECT IS OBVIOUSLY THIN ASK THE DENIES SERIOUSNESS OF LOW BOD B2102 C FOLLOWING ITEM WEIGHT 0 = Absent Do you think it is dangerous to be so thin? 2 = Subject denies seriousness of current low body weigh

Definitions and questions Coding rules Codes **BULIMIA (EATING BINGES)** Discrete, secret, episodes of excessive, rapid eating of EATING BINGES CFB3101 easily ingested food. Do not include snack "binges" (for Intensity 0 = Absent instance on return from workout or sports) where there is no attempt at secrecy, even though there may be no one 2 = Binges at least sometimes uncontrollable. else around. Do not include public displays of greed, or individuals who normally have large appetites. 3 = Binges almost always uncontrollable. CFB3F01 Do you have eating "binges" or attacks? Frequency What are they like? What do you eat? Do you go off on your own to eat? B3D01 **HOURS : MINUTES** Q Does anything trigger the episodes? Duration Do you try to resist them? What ends a "binge"? How do you feel afterwards? CFB3001 Do you feel miserable? Onset Do you feel bad about yourself? Or ashamed? | | Or guilty? What is that like? RMINATED BY: CFB4101 How long do these "binges" last? When did you start having "binges"? Abdominal Pain. CFB4102 Self-Induced Vomiting. ٦ 4 = Sleep CFB4103 5 = Social Interruption. CFB4104 DEPRESSED FOLLOWING BINGE CFB5101 0 = No2 = YesGUILT, SHAME AND/OR LOW SELF CFB5102 ESTEEM 0 = No2 = Yes



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 you 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	CFD0I01 Intensity
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.	7
	CHD0001 Onset

Coding rules

Codes

SLEEP

Now I want to talk with you about your sleep, I want to understand what usually happens when you go to bed, what happens during the night, and what it is like waking up in the morning. Tell me about what kind of sleeper you are and if you have always been like that.

INSOMNIA (OVERALL)

Disturbance of usual sleep pattern involving reduction in actual sleep time during subject's sleep period, accompanied by subjective feeling of 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 to 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? How do you know? **Do you wake up in the night after you have gone to** sleep?

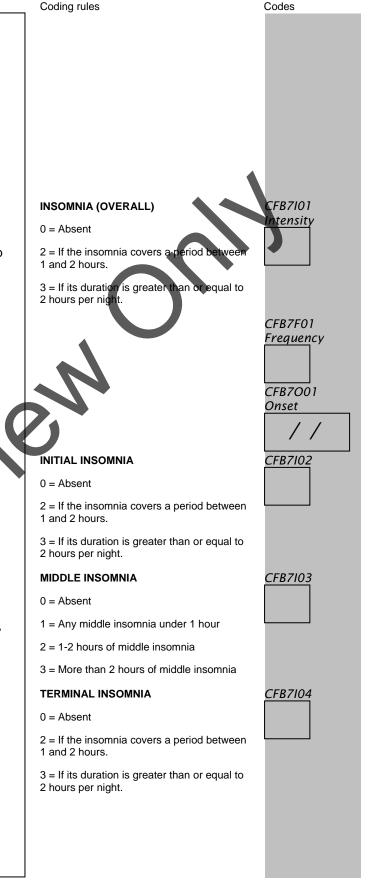
Or wake up too early and find you can't get back to sleep?

Is that every night? How often? Is there any reason for it (e.g. fear of the dark, new baby)?

How long does it take you to get back to sleep? Why is it that you wake up in the night?

Is that earlier than you need to? When you have nights like that, do you feel like you need more sleep?

When did you start having sleep problems?



MEDICATION FOR INSOMNIA

Do you take anything to help you sleep?

What do you take? Does it work? Is it an over-the-counter sleep aid? Was it prescribed by a doctor?

NIGHT SHIFT WORK

The subject has one or more job(s) that require nighttime work.

Do you have any jobs (apart from looking after your kids) that require you to work nights?

How many nights per week, on average? When did you start working nights?

MEDICATION FOR INSOMNIA 0 = No 2 = Yes Nighttime NIGHT SHIFT WORK 0 = Absent 2 = Present

Coding rules

CFB0F00 <u>Frequen</u>cy

TFB0100 ntensity

Codes

CFB7105

Intensity

CFB0O00 Onset

VST0100

Intensity

VARYING SLEEP TIME

Subject gets varying hours of sleep on different days. Variance could result from being awakened by family, need to care for another person, shift work, etc.

Do you get different amounts of sleep on different days?

Tell me about that. Is this because kids or other family wake you up? Or do you have to care for someone who is sick or needs assistance? Is it because you work shifts? How much difference is there in the number of hours you sleep?

When did that start?

SLEEP TIME VARIANCE

0 = Approximately same # hours sleep each day

2 = # hours sleep varies by at least 2 hours on different days

3 = # hours sleep varies by 3 or more hours on different days

> VST0O00 Onset

REGULAR SLEEP PATTERN

Subject would sleep regular number of hours if not disturbed by others or necessity.

Would you sleep the same number of hours per night if you weren't awakened or working night shift?

Would the number of hours you sleep vary by 2 hours? Three hours or more?

CHAOTIC SLEEP PATTERN-WEEKDAYS

Subject has a chaotic, rather than regular, sleep pattern, that has lasted for 1 month or more. Variation refers to the number of hours slept, not variation in the time subject goes to sleep or wakes up.

A chaotic sleep pattern might reflect 3 hours of sleep one night followed by 15 hours the next, whereas a regular sleep pattern might reflect six hours of sleep a night.

Do not code if due to insomnia.

Do not code isolated incidents (e.g. prom night, concert, etc.)

I would like to ask you a little more about your sleep patterns.

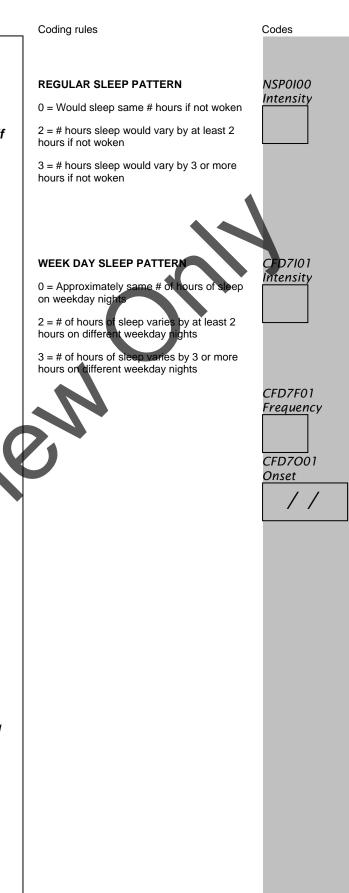
Do you get a different amount of sleep at night on weekdays and weekends?

First let's talk about how many hours of sleep you get on weekday nights.

I mean Sunday through Thursday nights. How many hours do you usually sleep on weekday nights?

Does that vary much on different weekday nights? What is your usual sleep pattern during the week?

When did you start having an irregular sleep pattern during the week?



CHAOTIC SLEEP PATTERN-WEEKENDS

Now, how many hours of sleep do you usually get on weekends?

Here, I mean Friday and Saturday nights.

Do you get the same number of hours of sleep each weekend night?

Or does it vary a lot?

Why is that?

When did that start?

HYPERSOMNIA

Total hours sleep exceed usual amount by at least on hour, unless subject prevented from sleeping.

Do not include "catch-up" sleep.

Do you feel sleepy during the day?

More sleepy than usual? More than most other people? Do you actually sleep during the day?

How long do you sleep? Can you stop yourself from sleeping during the day? How many times, in the last 3 months, have you been unable to stop yourself from sleeping in the day? When did you start being more sleepy than usual?



Coding rules

on weekend nights

WEEKEND SLEEP PATTERN

hours on different weekend nights

hours on different weekend nights

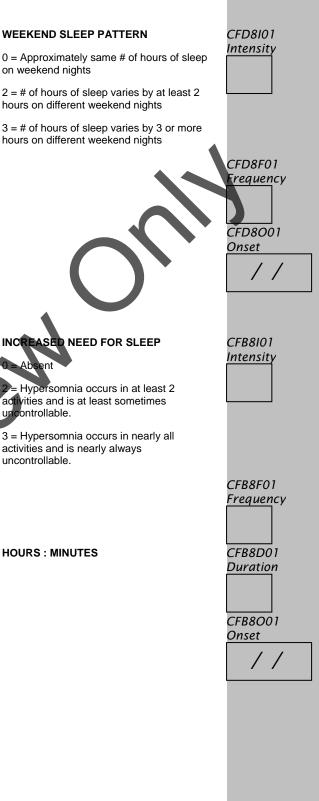
SED NEED FOR SLEEP INC

nt

Hypersomnia occurs in at least 2 activities and is at least sometimes uи controllable.

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

HOURS : MINUTES



Codes

RESTLESS SLEEP

Subject describes sleep as restless. Restless sleep may occur with insomnia, with hypersomnia, or with neither of these.

How would you describe an average night's sleep?

Do you sleep soundly? Do you toss and turn? Are you a restless sleeper? When did this start?

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?

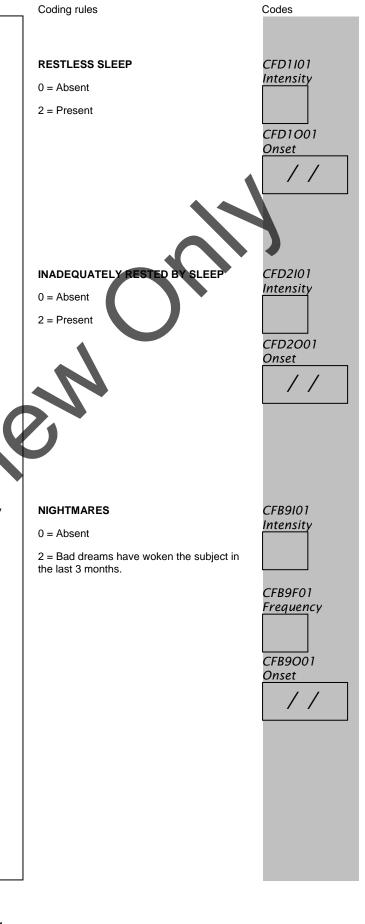
NIGHTMARES

Frightening dreams that waken the subject with a markedly unpleasant affect on wakening (which may be followed rapidly by feelings of relief).

If Nightmares are associated with traumatic events, and meet criteria for codings, code them here and there also.

Do you have any bad dreams or nightmares?

Do they wake you up? What are they about? What are they like? How often? When did the nightmares start?



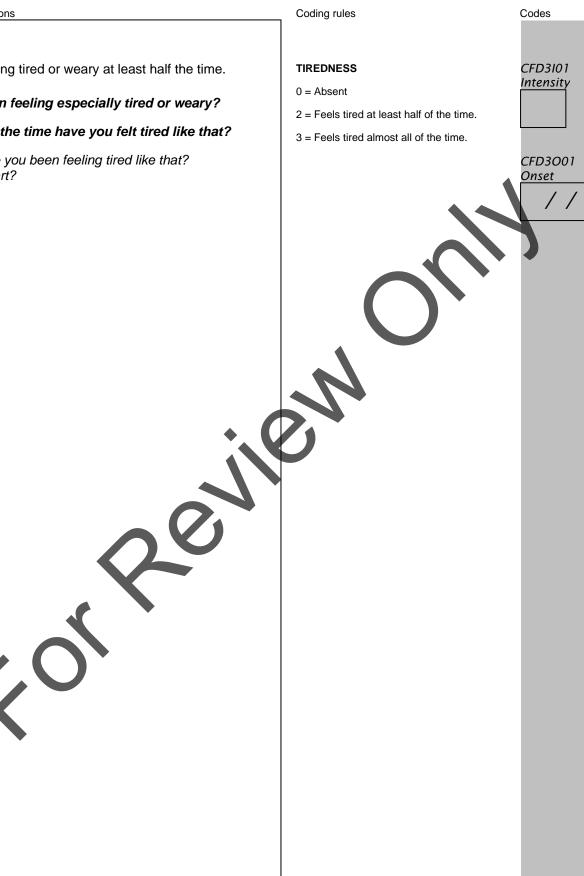
TIREDNESS

A feeling of being tired or weary at least half the time.

Have you been feeling especially tired or weary?

How much of the time have you felt tired like that?

How long have you been feeling tired like that? When did it start?



finitions and questions	Coding rules	Codes
FATIGABILITY		
Subject becomes tired or "worn out" more easily than	FATIGABILITY	CFD4101
usual.	0 = Absent	Intensity
Have you become tired or "worn out" more easily than usual?	2 = Increased fatigability not meeting criteria for 3.	
<i>Do you feel exhausted even by things that would have been no problem before?</i>	3 = Even minimal physical activity rapidly results in subject feeling exhausted, and recovery from that exhaustion is slow.	
When you get tired like that, does it take you a long time to get over it?		CFD4O01 Onset
Is that more than usual for you? How long have you felt that way?		
Did the exhaustion start suddenly or come on	GRADUAL OR ABRUPT ONSET OF EXHAUSTION	CFD4102
gradually?	0 = Gradual onset.	
When this fatigue or exhaustion started, did it start full	2 = Sudden, abrupt onset.	
blown?	PERSISTENCE OF EXHAUSTION	<u>CFD4103</u>
Or did it start and then gradually worsen?	0 = Exhaustion comes and goes; is not	
Are you exhausted most of the time?	constant. 2 = Constantly exhausted more than half	
Or does the exhaustion come and go?	the time.	
Do you feel exhausted for the greater part of every	REST	CFD4104
day?	0 = Improves exhaustion.	
Or does it come and go?	2 = Does not improve.	
Does rest make the exhaustion better?	FATIGUE FOR MORE THAN 24 HOURS WITH EXHAUSTION	CFD4105
If you take a nap or rest, does the exhaustion improve?	0 = Absent	
After you exercise (take a walk, play sports), do you	2 = Present	
feel exhausted and more worn out than you used to?	IMPAIRED SHORT TERM MEMORY	CFD4106
How long does it take for the exhaustion to improve? Does it take more than 24 hours?	0 = Absent	
	2 = Present	
Since you became this exhausted have you noticed any problems with your ability to remember things?	EFFECTS OF FATIGUE/EXHAUSTION	CFD4X01
Do you have problems remembering phone numbers or	0 = No	
where you put things?	2 = Yes	
Did this problem with your memory start when you became so tired?	MISSED SCHOOL OR WORK	CFD4107
Have you noticed any effects of the fatigue or	0 = No school or work missed on account of symptom.	
exhaustion?	2 = At least 1 day of school or work missed.	
Have you missed any college classes or work because	PHYSICIAN	CFD4108
of exhaustion?	0 = No contact.	
Have you seen a doctor about your exhaustion?	2 = Any medical contact related to	

What does your doctor say is wrong? What did s/he do?

Have you taken any medications for your exhaustion?

Did the doctor prescribe any medications for your exhaustion?

How much has this fatigue or exhaustion affected your life?

Coding rules

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.



CFD4109

CFD4I10

MUSCULAR 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?

How often does this happen? When did you start feeling muscular aches and pains?

Have you given up any activities because of aches and pains in your muscles?

Have you missed any class or work because of muscular aches and pains?

Have you seen a doctor about your muscular aches and pains? What does your doctor say is wrong?

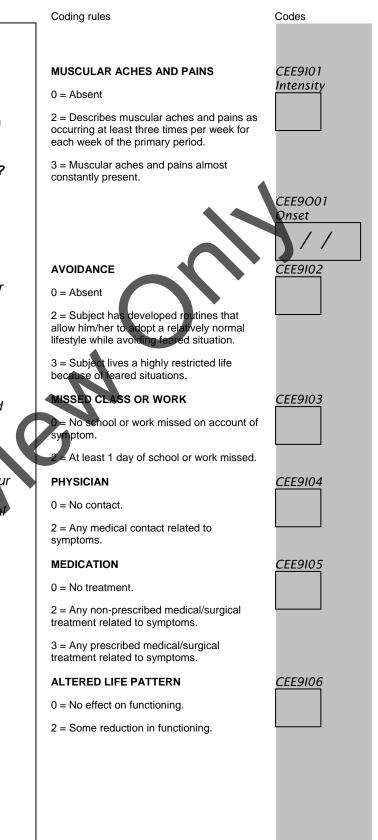
What did s/he do?

Have you taken any medications for muscular aches and pains?

Did the doctor prescribe any medications for musculate aches and pains?

How much do these muscular aches and pains affect your life?

Do they interfere with your ability to carry out your normadaily activities?



Definitions and questions	Coding rules	Codes
MUSCLE WEAKNESS		
MUSCLE WEAKNESS Do you feel that your muscles are weaker than they used to be? How long have your muscles been weak? Does muscle weakness make it difficult for you to walk? Have you needed a cane or wheelchair to help you move about?	ITEM 15641 LIST 0 = Absent 2 = Present most of the time for at least one month but does not affect ability to walk. 3 = Present most of the time for at least one month and does affect ability to walk.	

JOINT ACHES AND PAINS

Aches and pains in joints.

Do not include headaches or stomach aches, which are coded separately, or aches and pains resulting from involvement in sports.

Do you get a lot of aches and pains in your joints?

Like in your knees, elbows, shoulders, ankles or wrist?

How often does this happen?

When did this pain start?

Have you given up any activities because of aches and pains in your joints?

Have you missed any school/work because of aches and pains in your joints?

Have you seen a doctor about aches and pains in your ioints? What does your doctor say is wrong? What did s/he do?

Have you taken any medications for aches and pains in vour joints? Did the doctor prescribe any medications for aches and

pains in your joints?

How much do aches and pains in your joints affe life?

Coding rules Codes JOINT ACHES AND PAINS CEF1101 Intensity 0 = Absent 2 = Describes joint aches and pains as occurring at least three times per week for each week of the primary. 3 = Joint aches and pains almost constantly present. CEF1001 Onset AVOIDANCE ČEF1102 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. MISSED SCHOOL OR WORK CEF1103 0 = No school or work missed on account of symptom. At least 1 day of school or work missed. PHYSICIAN CEF1104 0 = No contact. our 2 = Any medical contact related to symptoms. MEDICATION CEF1105 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** CEF1106 0 = No effect on functioning. 2 = Some reduction in functioning.



Definitions and questions Coding rules Codes JOINT SWELLING Do you have swelling in your joints? JOINT SWELLING CEF2101 Intensity 0 = Absent Like your knees, elbows, shoulders, ankles or wrists? 2 = Joint swelling present in at least one What joint(s) is/are affected? joint most of the time for at least one month in the last three months. How long does the swelling last? CEF2001 When did the swelling start? Onset MORNING STIFFNESS MORNING STIFFNES In the morning, do you feel stiff in your muscles or CEF3101 joints? Intensity 0 = Absent How often over the last three months have you felt morning 2 = Describes morning stiffness of muscles or joints as occurring at least three times per week for each week of the primary stiffness? period. When did that start? CEF3001 Onset | |

DIZZINESS

Do you get dizzy?

How long does the dizziness last?

How often have you felt dizzy in the last three months?

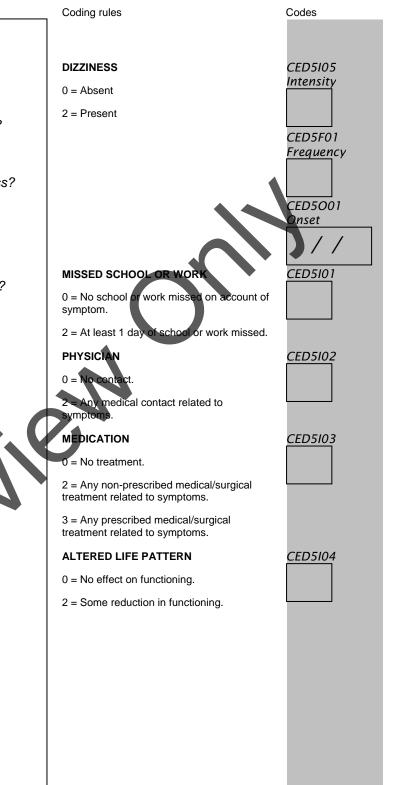
When did the dizziness start?

Have you missed any school/work because of dizziness?

Have you seen a doctor about your dizziness? What does your doctor say is wrong? What did s/he do?

Have you taken any medications for dizziness? Did the doctor prescribe any medications for dizziness?

How much does the dizziness affect your life?



FAINTING

DO NOT INCLUDE BLACKOUTS OR A LOSS OF CONSCIOUSNESS DUE TO ALCOHOL INTOXICATION OR OTHER DRUG USE.

Have you fainted during the last three months?

Or had any blackouts or loss of consciousness?

How often has this happened in the last three months?

Have you missed any school/work because of fainting?

Have you seen a doctor about your fainting or losing consciousness? What does your doctor say is wrong? What did s/he do?

Have you taken any medications because of fainting or loss of consciousness? Did the doctor prescribe any medications for fainting or loss of consciousness?

How much does fainting or losing consciousness alter your life?



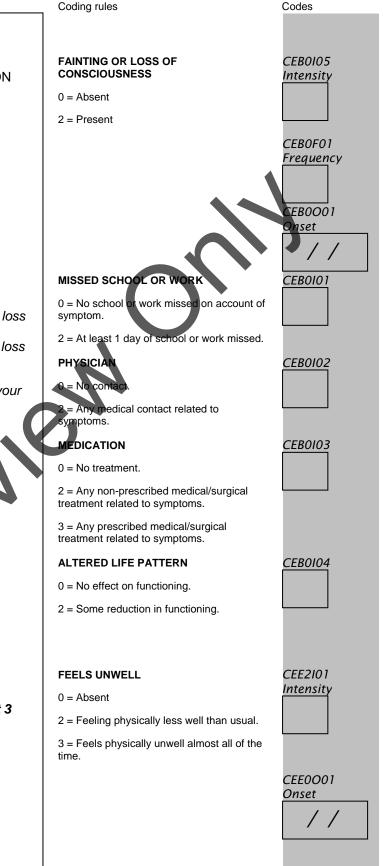
A generalized feeling of ilness or unwellness.

Have you felt physically unwell at all during the last 3 months?

Less well than usual?

How much of the time?

When did you start feeling less well than usual?



Definitions and questions 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? Have you had a lot of illness? Have you been seriously ill? How did the illness affect you? How long have you been ill? Have you been ill or sickly for most of your life? Does your body work normally?

Have you ever been diagnosed with diabetes (sugar)?

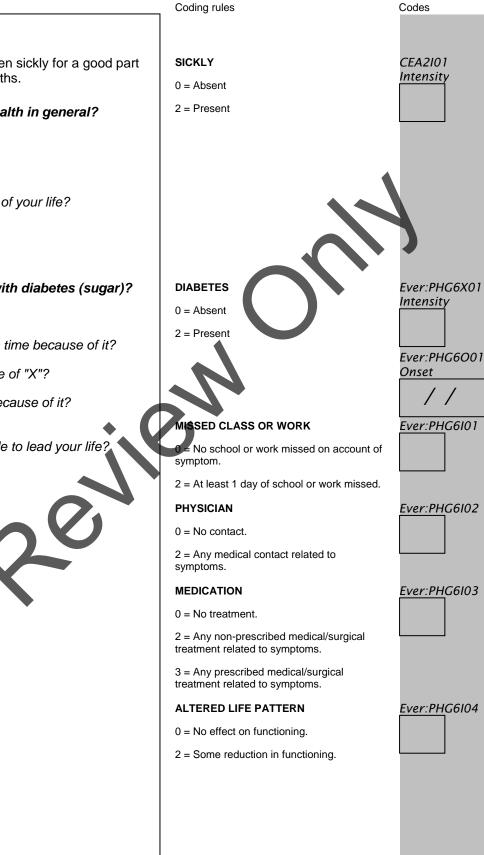
When was it first diagnosed?

Have you missed any work or class time because of it?

Have you seen a physician because of "X"?

Have you taken any medications because of it? What medications have you taken?

Does "X" affect the way you are able to lead your life?



EPILEPSY

Have you ever been diagnosed with epilepsy?

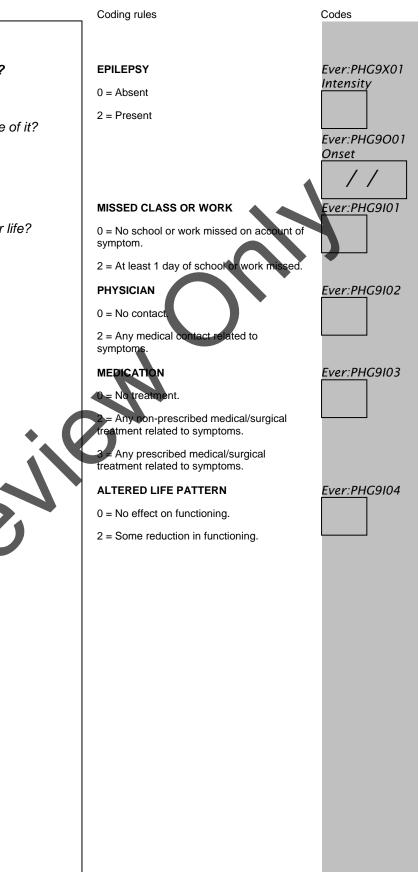
When was it first diagnosed?

Have you missed any work or class time because of it?

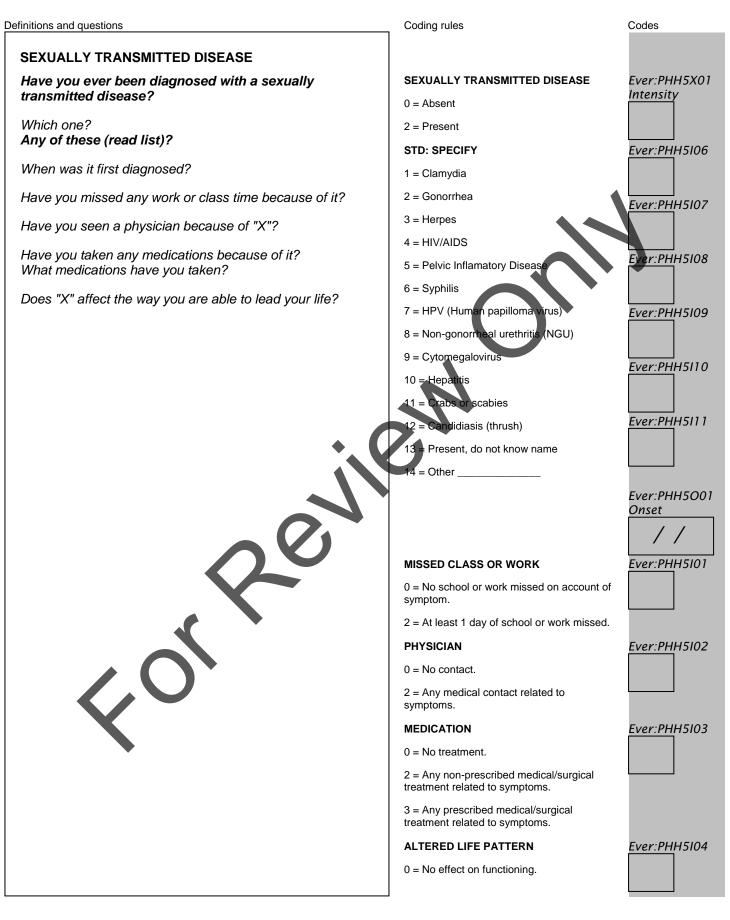
Have you seen a physician because of "X"?

Have you taken any medications because of it? What medications have you taken?

Does "X" affect the way you are able to lead your life?



Definitions and questions Coding rules Codes **URINARY TRACT INFECTION (UTI)/CYSTITIS** Have you ever been diagnosed with urinary tract URINARY TRACT INFECTION/CYSTITIS Ever:PHH4X01 infections or cystitis? Intensity 0 = Absent When was it first diagnosed? 2 = Present PHH4001 Ever:PHH4O01 Have you missed any work or class time because of it? | | Have you seen a physician because of "X"? Ever:PHH4I01 **MISSED CLASS OR WORK** Have you taken any medications because of it? What medications have you taken? 0 = No school or work missed on account of symptom. Does "X" affect the way you are able to lead your life? 2 = At least 1 day of school or work missed PHYSICIAN Ever:PHH4I02 0 = No contact2 = Any medical contact rela d to symptoms. MEDICATION Ever:PHH4I03 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 Ever:PHH4I04 0 = No effect on functioning. 2 = Some reduction in functioning.



Coding rules Codes 2 = Some reduction in functioning. **OTHER SERIOUS HEALTH PROBLEM** Ever:PHH9X01 Have you had any other serious health problems in **OTHER SERIOUS HEALTH PROBLEM** your life? Intensity 0 = Absent When was it first diagnosed? 2 = Present Ever:PHH9O01 Have you missed any work or class time because of it? Onset Have you seen a physician because of "X"? Have you taken any medications because of it? MISSED CLASS OR WORK er:PHH9I01 What medications have you taken? 0 = No school or work missed on account of Does "X" affect the way you are able to lead your life? symptom. 2 = At least 1 day of school or work missed. PHYSICIAN Ever:PHH9I02 0 = No contact. 2 = Any medical contact related to symptoms MEDICATION Ever:PHH9I03 No treatment. Any non-prescribed medical/surgical treatment related to symptoms. 3 = Any prescribed medical/surgical treatment related to symptoms. ALTERED LIFE PATTERN Ever:PHH9I04 0 = No effect on functioning. 2 = Some reduction in functioning.

TICS Tics are sudden, rapid, stereotyped, repetitive, non-rhythmic, predictable, purposeless, coordinated contractions of functionally related muscle groups. They can usually be

muscle groups. They can usually be suppressed voluntarily for a time and can usually be imitated. Observed tics are coded elsewhere. The subject's account of his/her tics is sought here. It a subject has a tic but does not mention it, draw his/her attention to it but do not press further if answers are not forthcoming. 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. REPORTED MOTOR TICS

Tics are sudden, rapid, stereotyped, repetitive, nonrhythmic, 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?

Or any other kind of frequent jerk or spasm? What do you do? Can you show me? How often does that happen? Why do you do that? What happens if you try to stop? When did that start?

Coding rules Codes **REPORTED MOTOR TIC** CFC5101 Intensity 0 = Absent 2 = Single motor 3 = More than one type of tic. FREQUENCY PER HOUR CFC5F01 Less than 10 per hour. = More than 10 per hour. 3 More than 100 per hour. CFC5D01 Frequency CFC5001 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 make any odd noises that people notice?

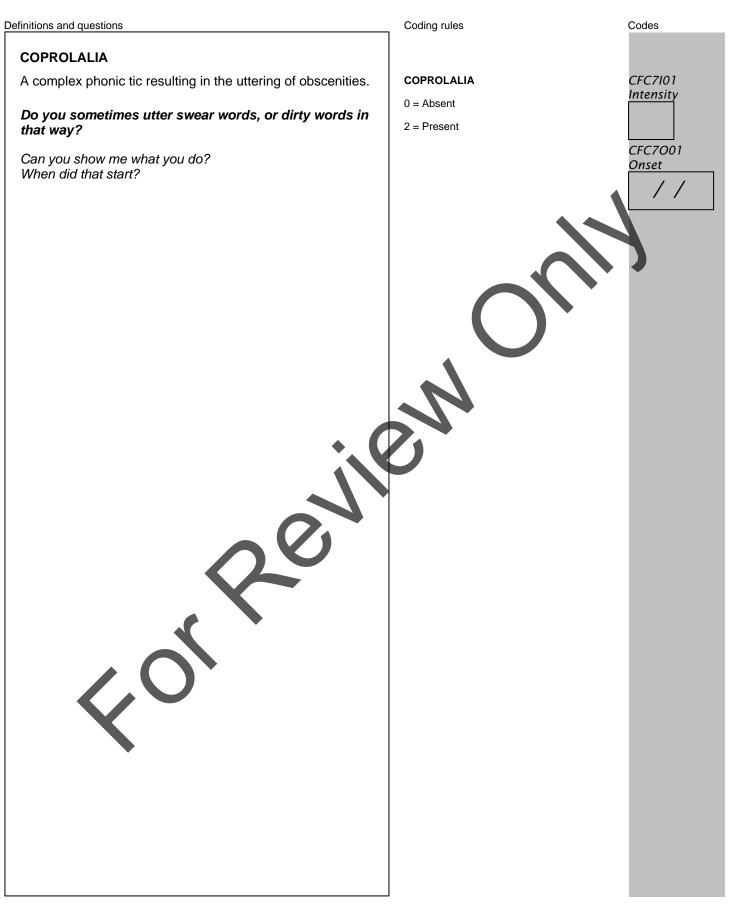
Can you show me? How often does it happen? When did that start?

About how many times per hour would you say that happens?

How many days out of the last 3 months has that happened?

Coding rules Codes **REPORTED PHONIC TICS** CFC6101 Intensity 0 = Absent 2 = Single phonic tic type. 3 = More than one type of tic (includes coprolalia) FREQUENCY PER HOUR CFC6F01 1 = Less than 10 per hour. 2 = More than 10 per hour. 3 = More than 100 per hour. CFC6D01 Frequency CFC6001 Onset | |

IF PHONIC TICS ARE PRESENT IN THE LAST THREE MONTHS, ASK ABOUT COPROLALIA. OTHERWISE, SKIP TO "ABLE TO REMAIN SEATED", (PAGE 1).



initions and questions	Coding rules	Codes
HYPERACTIVITY Now I would like to ask you about how active you are and how well you concentrate while involved in different sorts of activities. OVERACTIVITY		
BEHAVIORAL BLURTING		
Subject rarely or minimally stops and thinks before acting in response to stimuli.	BEHAVIORAL BLURTING 0 = Absent	CRD5I01 Intensity
Are you the kind of person who acts before thinking?	2 = Present in at least 2 activities and a least sometimes uncontrollable	at
For instance, do you stop what you are doing and go off and do something else if it looks interesting?	3 = Present in most activities and almo never controllable	IBI
Do you stop and think about things before doing them?	CRD5001	CRD5001
In the last 3 months, have you done things without thinking first?		//
When did you start being like that?		
ABLE TO REMAIN SEATED	$\boldsymbol{\mathcal{N}}$	
DO NOT CODE IF SUBJECT HAS A BAD BACK OR OTHER PHYSICAL PROBLEM THAT MAKES SITTING DIFFICULT.	ABLE TO REMAIN SEATED	XYZ8I40 Intensity
Do you leave your seat in meetings, at church, or in other situations in which you are expected to remain seated?	2 = Present HOURS : MINUTES	CRA2D01 Duration
Can you stop yourself? Were there times in the last 3 months when you could not help yourself?	CRA2001	CRA2001
How long do you think you can remain in your seat in an hour? When did you start being like that?		, ,

FIDGETINESS

Unnecessary movements of parts of the body when stationary overall (e.g. tapping of feet, squirming in seat).

Do you find yourself fidgiting with your hands or feet?

Or squirming or wiggling in your seat?

Is that more than other people?

What do you do? Is it like that in all activities? Or just some activities? Can you stop yourself? All the time? Were there any times in the last three months when you couldn't stop yourself? How often? How long can you keep from fidgeting in an hour? When did you start being like that?

IF FIDGITINESS IS ABSENT, SKIP TO NEXT ITEM IF FIDGETINESS ABSENT, SKIP TO "FEELINGS OF INNER RESTLESSNESS", (PAGE 3).

FIDGETINESS SCREEN POSITIVE
0 = Absent
2 = Present in at least 2 activities and at least sometimes uncontrollable
3 = Present in most activities and almost never controllable
CRA0001

Coding rules



CRA0001

Attention Deficit Hyperactivity Disorder

FIDGETINESS - SITUATIONAL SPECIFICITY

Rate in the following 3 situations:

a) Fidgetiness while involved in an interesting activity at home.

b) Fidgetiness during the most interesting activity at college/work.

c) Fidgetiness during an interesting activity elsewhere (not at home, not at college/work).

INTERVIEWER SHOULD USE INFORMATION ALREADY OBTAINED TO MAKE OVERALL RATINGS FOR FIDGETINESS.

You've told me that you can be fidgety.

Are you like that at home when doing something interesting?

Are you like that at college/work during an interesting activity?

Are you like that elsewhere when doing something interesting?

Is it like that everywhere? Can you stop yourself from being like that? What if someone tells you to stop? How long can you stop for? When did you start being like that?

FEELINGS OF INNER RESTLESSNESS

Do you sometimes feel restless?

Or that you manage to sit still but you feel like you need to burst out of the situation?

Like at dinner? Or church? Can you stop yourself? When did you start to be like that?

		0.1
	Coding rules	Codes
	FIDGETINESS - SITUATIONAL SPECIFICITY	CRA1101 Intensity
	0 = Symptom absent during interesting activity.	
	2 = At least sometimes uncontrollable, in at least 2 interesting activities in any situation.	
	3 = Almost never controllable in most interesting activities.	
	номе	CRA1102
	0 = Absent	Home
	2 = Present	
	SCHOOL/WORK	CRA1103
	0 = Absent	School/Work
	2 = Present	
	ELSEWHERE	CRA1104 Elsewhere
	0 = Absent	Elsewhere
	2 = Present	
	CRA1001	CRA1001
V	0	
*		
	FEELING OF INNER RESTLESSNESS	CRC9101
	0 = Absent	Intensity
	2 = Present in at least 2 activities and at least sometimes uncontrollable	
	3 = Present in most activities and almost never controllable	
		CRC9001 Onset
		11

ALWAYS ON THE GO

Would you say you are "always on the go"?

Or as if you are "driven by a motor"?

What do you do? Is it like that in all activities? Or just some activities? Can you stop yourself? All the time? Were there any times in the last three months when you couldn't stop yourself? What about if someone asks you to stop? When did you start being like that?

IF FIDGITINESS AND RESTLESSNESS ABSENT, SKIP TO "DIFFICULTY CONCENTRATING ON TASKS REQUIRING SUSTAINED ATTENTION ", (PAGE 7). Codes

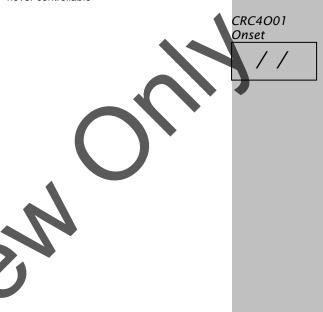
CRC4I01 Intensity

3 = Present in most activities and almost never controllable

Coding rules

0 = Absent

ALWAYS ON THE GO



Definitions and questions Codina rules Codes **RESTLESSNESS - SITUATIONAL SPECIFICITY** RESTLESSNESS Increased unnecessary whole body movements (e.g. CRA4101 getting up and moving around). Intensity 0 = Symptom absent during interesting activities. Rate in the following 3 situations: 2 = At least sometimes uncontrollable, in at least 2 interesting activities in any situation. a) Restlessness while involved in an interesting activity at 3 = Almost never controllable in most home. interesting activities. HOME CRA4102 b) Restlessness during an interesting activity at lome work/college. 0 = Absent 2 = Present c) Restlessness during an interesting activity elsewhere (not at home, not at work/college). SCHOOL/WORK CRA4103 School/Work 0 = Absent INTERVIEWER SHOULD USE INFORMATION ALREADY 2 = Present OBTAINED TO MAKE OVERALL RATING FOR RESTLESSNESS. ELSEWHERE CRA4104 Elsewhere 0 = Abser You've told me that you can be restless. Are you like that at home when doing something that is CRA4001 interesting? CRA4 | | How about at college/work during an interesting activity? How about elsewhere when doing something interesting? Are there other times when that happens? Is it like that everywhere? Can you stop yourself from being like that? What about if someone asks you to stop How long can you stop for? When did you start being like that? TALKS EXCESSIVEL Do people complain that you talk too much? CRA5101 TALKS EXCESSIVELY Intensity 0 = AbsentDo you think you talk too much? 2 = Present in at least 2 activities and at What do you do about it? least sometimes uncontrollable Does that work? 3 = Present in most activities and almost Is it like that in all activities? never controllable Or just some activities? CRA5001 Can you stop yourself? Onset All the time? Or just sometimes? When did you start being like that?

FINISHING PEOPLE'S SENTENCES

When you are talking to people, do you find yourself finishing their sentences for them?

Even when they were going to finish the sentence themselves? Are you like that all the time? Or only sometimes? Is it just with one particular person? Are you like that at home and at work/college? Can you stop yourself from doing it? Have you found yourself doing that in the last 3 months? When did you start doing that?

NEED FOR SPONTANEOUS MOVEMENT

Do you prefer activities that let you move around as you want?

Have you ever decided not to do something because you would have to sit still for a long time (like going to a movie or to church)?

Have you made career choices, like going to college or choosing a job, based on whether it would require you to sit still for long periods of time?

When did you start being like that?

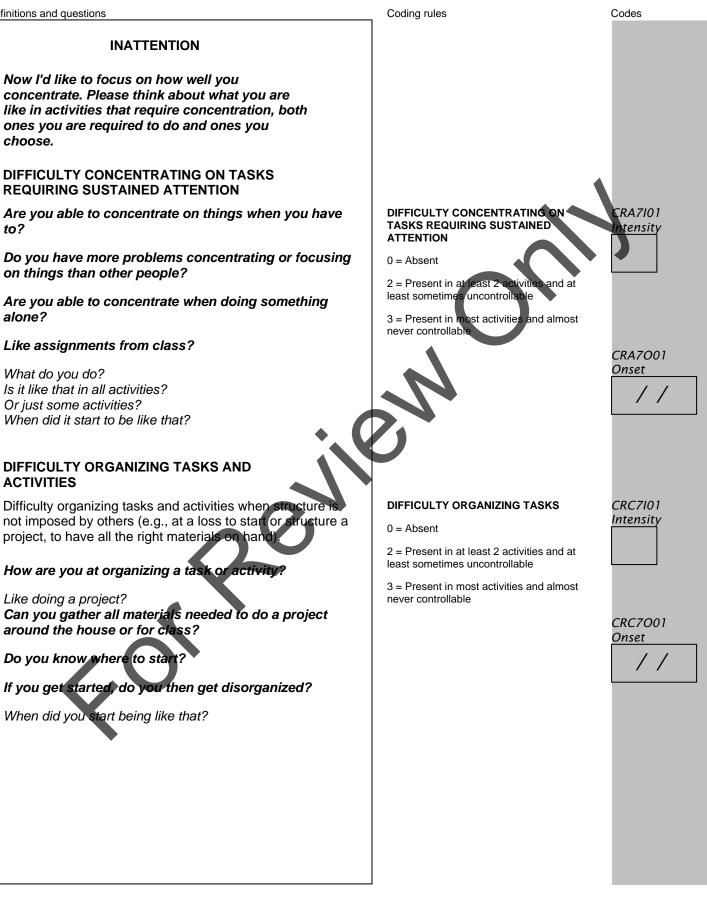
DIFFICULTY WINDING DOWN

Difficulty unwinding or relaxing when there is time to do so.

Do you have a hard time unwinding and relaxing even when you have time to do so?

Like on vacation? Are you always like that? Or just sometimes? Were there any times in the last 3 months when you could not relax when you had the time? When did you start to be like that?

Coding rules	Codes
 FINISHING PEOPLE'S SENTENCES 0 = Absent 2 = Present in at least 2 activities and at least sometimes uncontrollable 3 = Present in most activities and almost 	FPSOIO1 Intensity
never controllable	FPS0001 Onset
 NEED FOR SPONTANEOUS MOVEMENT 0 = Absent 1 = Expresses preference for activities allowing spontaneous movement, but need for spontaneous movement does not influence participation or choice of activity. 2 = Subject has avoided at least two activities because they don't allow for spontaneous movement. 3 = Need for spontaneous movement has influenced important decisions such as 	CRD0101 Intensity
attendance at college or job choice.	CRD0001 Onset
DIFFICULTY WINDING DOWN	DWD0I01
0 = Absent	Intensity
2 = Present in at least 2 activities and at least sometimes uncontrollable	
3 = Present in most activities and almost never controllable	
	DWD0001 Onset
	//



DIFFICULTY FOLLOWING THROUGH ON INSTRUCTIONS FROM OTHERS

How good are you at following through on instructions from others?

Do you tend not to complete things you've been asked to do?

What about with things you've been told to do?

What do you do? Is it like that in all activities? Or just some activities? Do you complete things if you make an effort? Is that all the time? Or just sometimes? Does that happen at work/college as well as at home? When did you start being like that?

AVOIDS TASKS REQUIRING SUSTAINED MENTAL EFFORT

Do you try to get out of things where you will have to concentrate?

Like doing a crossword puzzle?

What do you do? Is it like that in all activities? Or just some activities? When did you start being like that?

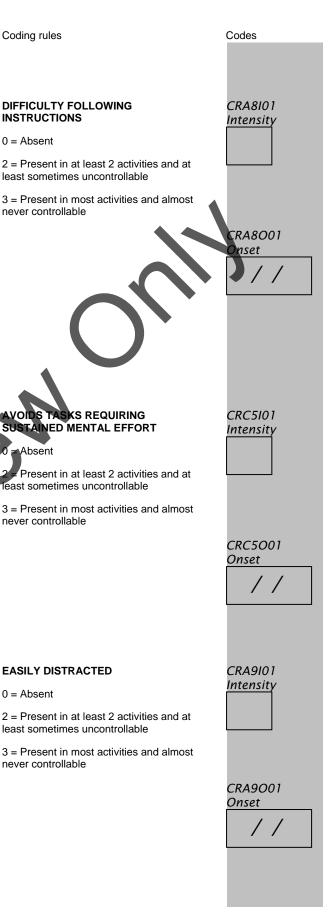
EASILY DISTRACTED BY EXTRANEOUS STIMULI

Do you have difficulty paying attention when you can look out of the window or hear other people talking in the next room?

Are you easily distracted by things going on around you?

Are these things that would distract anyone? What do you do? Is it like that in all activities? Or just some activities? Can you stop yourself? Is that all the time or just sometimes? When did you start being like that?

an effort? well as at home? AINED are you will have to AINED are re you will have to 3 = Present in at least 2 are you will have to 3 = Present in at least 2 are you will have to 3 = Present in at least 2 are you will have to b = Absent 3 = Present in at least 2 b = Present in most act a = Present in most act b = Present in most act



FORGETFUL IN DAILY ACTIVITIES

Forgetful in daily activities (e.g., forgets to brush teeth or hair; or to do simple chores).

Are you often forgetful in your daily activities?

Can you give me an example? When did you start being like this?

OFTEN LOSES THINGS THAT ARE NECESSARY FOR TASKS/ACTIVITIES AT WORK OR COLLEGE

Loses clothing, keys, assignment books, etc.

Do you lose things more than other people do?

Do you lose things you need for work/school?

Do you leave things, like keys or clothing, at work/school or friend's houses? Does it cause you trouble losing things? Do you leave things in restaurants or at the gym? When did you start being like that?

OFTEN DOES NOT SEEM TO LISTEN TO WHA IS BEING SAID

Do you think you're good at listening to what is said to you?

Do people complain that you don't seem to listen to what they are saying to you?

What do you do? Is it like that in all activities? Or just some activities? Can you make yourself listen? When did you start being like this?

Coding rules	Codes
FORGETFUL IN DAILY ACTIVITIES	CRC8101
0 = Absent	Intensity
2 = Present in at least 2 activities and at least sometimes uncontrollable	
3 = Present in most activities and almost never controllable	
	CRC8O01 Onset
	//
OFTEN LOSES THINGS	CRB2101 Intensity
0 = Absent	
2 = Present in at least 2 activities and at least sometimes uncontrollable	
3 = Present in most activities and almost never controllable	
	CRB2O01 Onset
DOES NOT LISTEN	CRB3101
0 = Absent	Intensity
2 = Present in at least 2 activities and at least sometimes uncontrollable	
3 = Present in most activities and almost never controllable	
	CRB3O01
	Onset

FAILS TO PAY CLOSE ATTENTION TO DETAILS AT SCHOOL OR WORK

How good are you at paying attention to details when working on something?

Do you tend to do things incorrectly or sloppily because you haven't paid enough attention to the task?

What do you do? Is it like that in all activities? Or just some? Can you make yourself pay attention to details? How often do you fail to pay close attention to details? When did you start being like this?

MAKES CARELESS MISTAKES

Do you make a lot of careless mistakes?

Does that affect your work at college or on the job? What do you do? Is it like that in all activities or just some? Can you stop yourself? All of the time or just sometimes? When did you start being like this?

0 = Absent 2 = Present in at least 2 activities and at least sometimes uncontrollable 3 = Present in most activities and almost never controllable MAKES CARELES KES 0 = Abse

2 = 1

Coding rules

nt in at least 2 activities and at mes uncontrollable ast omet

FAILS TO PAY ATTENTION TO DETAILS

nt in most activities and almost ever controllable

> CRC6001 Onset

> > | |

Codes

CRB4101

Intensity

CRB4001

Inset

CRC6101

Intensity

DIFFICULTY REMEMBERING APPOINTMENTS OR OBLIGATIONS

DO NOT CODE IF SUBJECT HAS EFFECTIVE STRATEGIES FOR REMINDING SELF OF APPOINTMENTS, ETC.

Do you have a hard time remembering appointments or things you have to do?

Like Doctor's or Dentist's appointments? Or people's birthdays? What do you do to help yourself remember? Does that work? Do you have a hard time remembering things you need to do in all your activities (home, college, work, etc)? Is it like that all of the time or only sometimes? Were there times in the last 3 months when you forgot an appointment or something else you had to do? Have you forgotten to pick up a child from daycare/school or a friends? When did you start to be this way?

DIFFICULTY COMPLETING TASKS

Difficulty completing the final details of a project once the challenging parts have been done.

Do you have a hard time finishing off the final details of a project once you have done the fun or challenging parts?

Is it like that in all activities or just some? Can you make yourself complete a project? Were there times in the last 3 months when you couldn't make yourself complete a project you had started? Tell me about the last time that happened. When did you start being like this?



DIFFICULTY COMPLETING TASKS

- Absent

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

3 = Present in most activities and almost never controllable

DCT0O01 Onset

DCT0101

Intensity



DIFFICULTY REMEMBERING	
APPOINTMENTS OR OBLIGATIONS	

0 = Absent

Coding rules

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

3 = Present in most activities and almost never controllable



Codes

DRA0101

Intensity

DIFFICULTY GETTING STARTED

Avoids or delays getting started on a task that requires a lot of thought or effort.

When you have a task that needs a lot of thought or effort, do you have a hard time getting started on it?

Do you avoid getting it going? Or delay the start of it? Is it like that in all activities? Or just some? Can you make yourself get going? Were there times in the last 3 months when you delayed or avoided starting a task like that? When did you start doing that?

IF NO INATTENTION ITEMS PRESENT, SKIP TO "DIFFICULTY WAITING FOR TURN WHERE NECESSARY", (PAGE 14). Codes

Coding rules

0 = Absent

never controllable

DIFFICULTY GETTING STARTED

least sometimes uncontrollable

2 = Present in at least 2 activities and at

3 = Present in most activities and almost

Definitions and questions Coding rules Codes **INATTENTION - SITUATIONAL SPECIFICITY** INATTENTION CRB5101 Failure to maintain sufficient involvement to allow proper completion of task. Intensity 0 = Inattention absent. 2 = Present but does not interfere with Rate in the following 3 situations: functioning. 3 = Present and interfered with functioning. a) Inattention while involved in an interesting activity at home. HOME CRB5102 Ноте 0 = Absentb) Inattention during an interesting activity at work/school. 2 = Present c) Inattention during an interesting activity elsewhere (not SCHOOL/WORK RB5103 C at home, not at work/school). School/Work 0 = Absent INTERVIEWER SHOULD USE INFORMATION ALREADY 2 = Present OBTAINED TO MAKE OVERALL RATINGS FOR ELSEWHERE CRB5104 INATTENTION. Elsewhere 0 = Absent You've told me that you have difficulty paying 2 = Preser attention. CRB500 CRB5001 Are you like that at home when doing something interesting? | | How about at work or in class during an interesting activity? How about elsewhere when doing something interesting? Are there other times when that happens? Is it like that everywhere? Can you stop yourself from being like that? How long do you stop for? When did you start being like that?

IMPULSIVITY

DIFFICULTY WAITING FOR TURN WHERE NECESSARY

Distinguish from normative eagerness.

Can you wait your turn for things?

As well as most people?

In the supermarket, can you stand in line? What if there's a traffic jam? Does not being able to wait get you in trouble? Can you control it and make yourself wait your turn? When did you start being like this?

IMPATIENCE

Inability to wait patiently or tolerate delay causes negative outcomes. Implies lack of self-control rather than intolerance of intelligence of others or irritability, which is coded elsewhere. Do not code successful proactive behavior.

Has anyone ever told you that you were impatient?

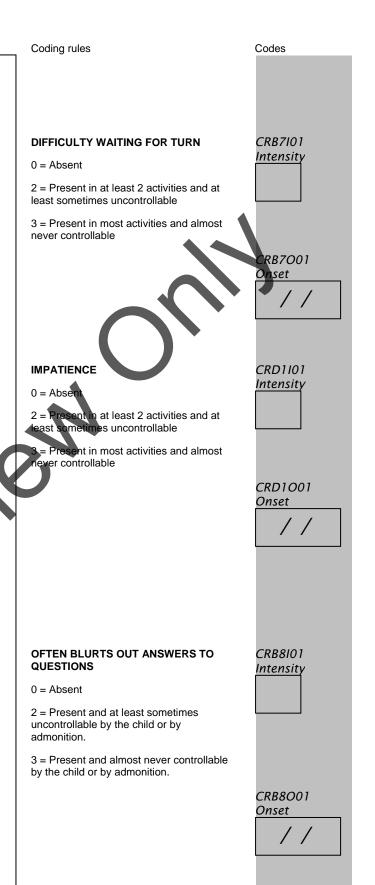
Do you agree with that? Can you give me an example? When else have you acted like that? **Are you more impatient than other people**

When did you start being like this?

OFTEN BLURTS OUT ANSWERS TO QUESTIONS

Do you tend to blurt out the answers before the person's finished asking the question?

How often does that happen? Can you give me an example? Does it get you into trouble? Can you control it? When did you start to be like this?



ACCIDENT PRONE

Prone to accidents or injury because of IMPULSIVE action rather than CLUMSINESS.

Do you think you are "accident-prone"?

Is this because you rush things? Or do things suddenly? **Do you seem to break things more than others do?**

Or knock things over or spill things a lot?

Are you the one that usually gets hurt when things happen?

Do you tend to get injured more often than others?

When did you start being like this?

ACTING BEFORE CONSIDERING POTENTIALLY DANGEROUS CONSEQUENCES

Impulsive actions lead to doing something dangerous. Code only if didn't think through possible consequences. It subject realized danger and decided to risk it, code under Taking Risk Despite Knowing Consequences.

Have you done something that seemed really stupid afterward because you hadn't thought of the negative consequences?

Was it dangerous?

Can you give me an example? When did you start doing things like this?

Definitions and questions Coding rules Codes OFTEN INTERRUPTS OR INTRUDES ON **OTHERS** Distinguish from normative eagerness and excitement and OFTEN INTERRUPTS OR INTRUDES ON CRC1101 OTHERS desire to participate in social interactions. Intensity 0 = Absent Do you tend to interrupt other people when they're 2 = Present and at least sometimes talking to someone else? uncontrollable by the child or by admonition. What about butting into other people's conversations 3 = Present and almost never controllable without being invited? by the child or by admonition. How often does that happen? RC1001 Can you give me an example? set Is it like that everywhere? Or only at home? Or work/school? Or elsewhere? Can you stop yourself? When did you start being like this? What if others say something? IF IMPULSIVITY ABSENT, SKIP TO "ACCESS TO WEAPONS", (PAGE ERROR! BOOKMARK NOT DEFINED.).

Definitions and questions Coding rules Coding rules </th <th>Wave P eYAPA 2.0.3</th> <th></th> <th></th>	Wave P eYAPA 2.0.3		
Pattern of acting before thinking adequately about the consequences of actions. INTERVIEWER SHOULD USE INFORMATION ALREADY OBTAINED TO MAKE OVERALL RATINGS FOR IMPULSIVITY. You've told me that you can be impulsive. Are you like that at home? Are you like that at work or in class? Are you like that elsewhere? Are there other times when that happens? Is it like that everywhere? Can you stop yourself from being like that? When did you start being like that?	Definitions and questions	Coding rules	Codes
consequences of actions. INTERVIEWER SHOULD USE INFORMATION ALREADY OBTAINED TO MAKE OVERALL RATINGS FOR IMPULSIVITY. You've told me that you can be impulsive. Are you like that at home? Are you like that at work or in class? Are you like that elsewhere? Are there other times when that happens? Is it like that everywhere? Can you stop yourself from being like that? When did you start being like that? When did you start being like that? When did you start being like that?	IMPULSIVITY - SITUATIONAL SPECIFICITY		
INTERVIEWER SHOULD USE INFORMATION ALREADY OBTAINED TO MAKE OVERALL RATINGS FOR IMPULSIVITY. 2 = Present in at least 2 activities, and at least sometimes uncontrollable You've told me that you can be impulsive. 3 = Present in most activities in a particular situation and almost never controllable Are you like that at home? 6 CC 3104 Are you like that at work or in class? 9 Present in most activities in a particular situation and almost never controllable Are there other times when that happens? Is it like that everywhere? 6 CC 3105 Can you stop yourself from being like that? 9 Present When did you start being like that? 0 = Absant 2 = Present CRC 3106 Elsewhere CRC 3106 Elsewhere CRC 3106 Elsewhere CRC 3106 Elsewhere CRC 3001 // / // /			
You've told me that you can be impulsive. Are you like that at home? Are you like that at work or in class? Are you like that elsewhere? Are there other times when that happens? Is it like that everywhere? Can you stop yourself from being like that? When did you start being like that? When did you start being like that? CRC3001 CRC3001		2 = Present in at least 2 activities, and at	
Are you like that at home? 0 = Absent 2 = Present Are you like that elsewhere? CRC3105 Are there other times when that happens? School/Work Same outsop yourself from being like that? 0 = Absent When did you start being like that? CRC3106 Elsewhere 0 = Absent Can you stop yourself from being like that? CRC3106 Elsewhere CRC3001 CRC3001 CRC3001			
Are you like that at home? 0 = Absent Are you like that at work or in class? 2 = Present Are you like that elsewhere? School/Work Are there other times when that happens? Is it like that everywhere? Can you stop yourself from being like that? 0 = Absent When did you start being like that? CRC3106 ElseWHERE CRC3006 Basent CRC3001 CRC3001 ////////////////////////////////////	You've told me that you can be impulsive.	НОМЕ	
Are you like that at work or in class? Are you like that elsewhere? Are there other times when that happens? Is it like that everywhere? Can you stop yourself from being like that? When did you start being like that? When did you start being like that? CRC3106 ElseWHERE 0 = Absent 2 = Present Elsewhere? 0 = Absent 2 = Present CRC3106 Elsewhere? 0 = Absent 2 = Present CRC3001 CRC3001	Are you like that at home?	0 = Absent	Home
Are you like that elsewhere? 0 = Absent School/Work Are there other times when that happens? 1 = Present Image: CRC3106 Is it like that everywhere? Can you stop yourself from being like that? Image: CRC3106 When did you start being like that? Image: CRC3001 Image: CRC3001 CRC3001 Image: CRC3001 Image: CRC3001	Are you like that at work or in class?	2 = Present	
Are there other times when that happens? Is it like that everywhere? Can you stop yourself from being like that? 0 = Absent When did you start being like that? ELSEWHERE CRC3106 Elsewhere 0 = Absent 2 = Present Image: CRC3001 CRC3001 ///	Are you like that elsewhere?		
Is it like that everywhere? Can you stop yourself from being like that? When did you start being like that? When did you start being like that? ELSEWHERE 0 = Absett 2 = Present CRC3001 (/ /			
When did you start being like that? 0 = Absant Elsewhere 0 = Absant CRC3001 CRC3001	Is it like that everywhere?		 CRC3106
2 = mesent GRC3001 / /			
	when ald you start being like that?	2 = Present	
		CRC3001	CRC3001
	. (//
		0	

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?

Do you break rules at school/college/university?

What sort of rules do you break?

What about at work?

Do you break rules anywhere else...like restaurants, movie theaters, concerts?

Tell me about the rules you break.

Do the instructors/professors describe you as troublemaker?

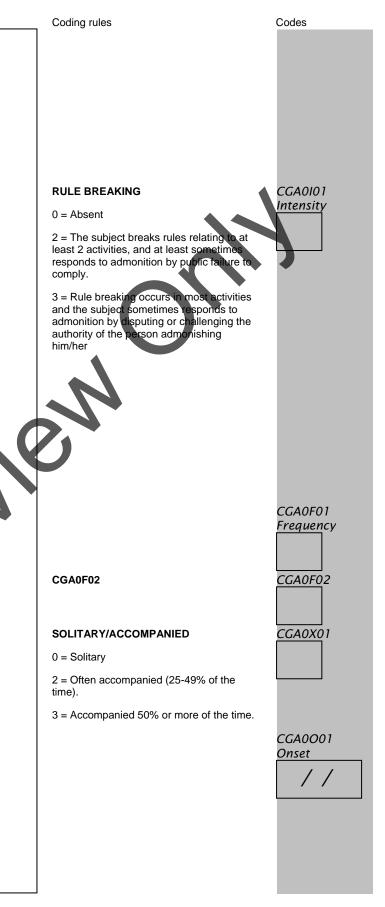
What if someone asks you to comply with the rules? Do you comply then or keep breaking the rules? Do you mouth off to people who point it out to you? **Do you get in any trouble for rule-breaking?**

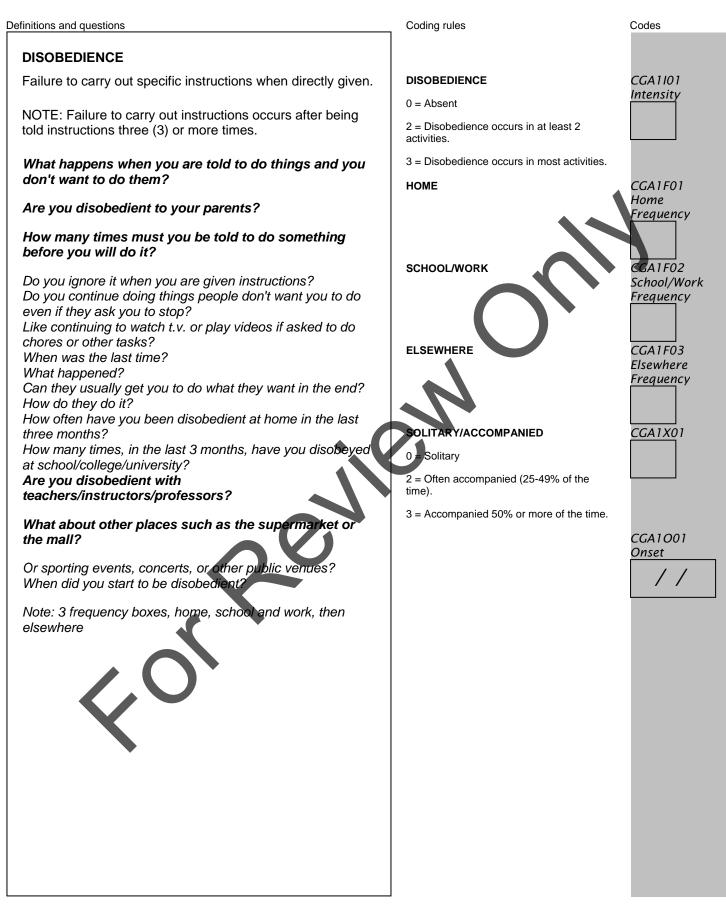
How often do you break the rules? Do you do it on your own or with other people?

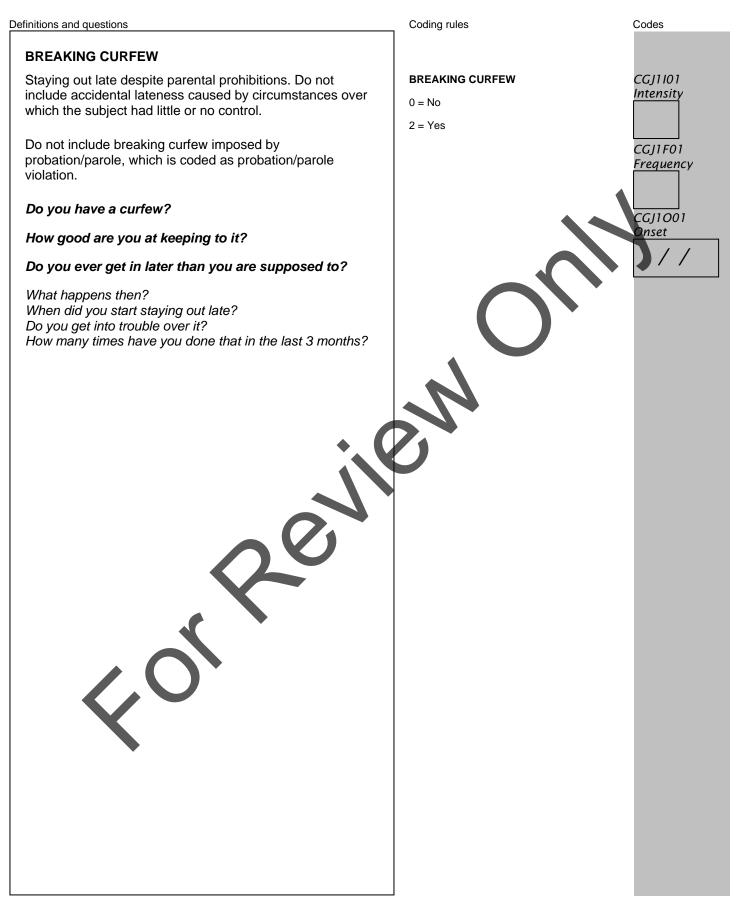
How often, in the last 3 months, have you broken rules outside of school or work?

Do you break rules on your own? Do you break rules with other people? Are you with others 50% or more of the time when you break rules?

When did you start to break rules at school, work or elsewhere?







ANNOYING BEHAVIOR

Indulgence in active behaviors that annoy or anger peers, siblings, or other adults. The subject'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 not code the specific annoying behavior of Teasing here but in the next item.

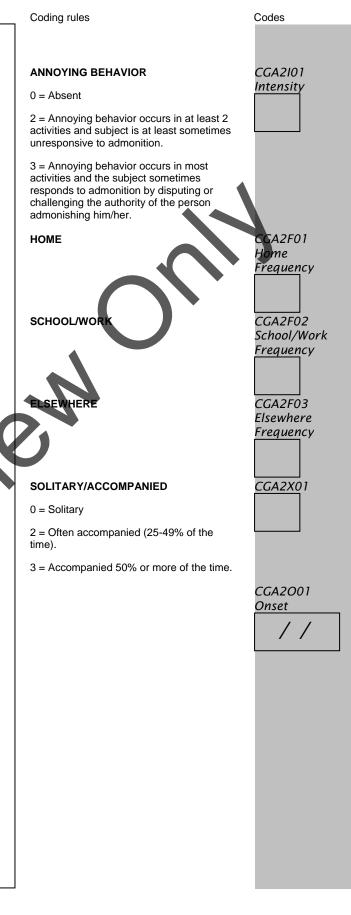
Do you find that other people get annoyed by things you do?

Do you bother people a lot?

What do you do to annoy people? **Do you do things deliberately to annoy other people?**

Or do you find that people get annoyed because of things you do for fun?

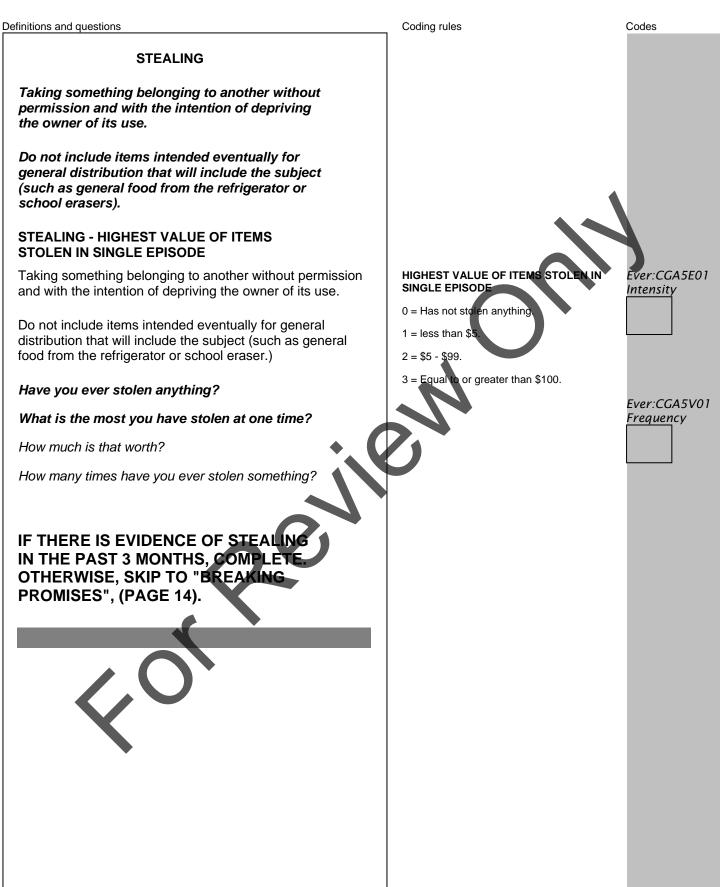
What happens? Can you tell me about the last time? Do you annoy adults, such as yourself, or teachers or employers? How about your brothers or sisters? Or your boy/girlfriend, spouse, or romantic partner? How often does something like that happen at home? Or at school? Or elsewhere? Do you do these things on your own or with other people? When did it start?



initions and questions	Coding rules	Codes
SPITEFUL OR VINDICTIVE		
Spiteful: The subject engages in deliberate actions aimed	SPITEFUL OR VINDICTIVE	CGA3101
at causing distress to another person.	0 = Absent	Intensity
/indictive: The subject responds to failure to get his/her	2 = Present	
own way, disappointment, or interpersonal disagreement	HOME	CGA3F01
with adults or peers with deliberate attempts to hurt the other or gain revenge. For instance, by pinching, pushing		Ноте
or attempting to get the other person into trouble.		Frequency
Do not include behaviors coded under Assault, Cruelty,		EC A DC A
Bullying, or Lying.	SCHOOL/WORK	CGA3F02 School/W
De very every de thimse te vineet ether neemle en		Frequency
<i>Do you ever do things to upset other people on purpose?</i>		
Like messing up their things or hiding their stuff?	ELSEWHERE	CGA3F03
Or try to hurt them on purpose?		Elsewhere
Such as pushing someone's buttons because you feel		Frequency
angry or disappointed?		
<i>Do you ever try to get other people into trouble on purpose?</i>		CGA3001
		Onset
What do you do? What about during the last 3 months?		
Why do you do it?	DIRECTED AGAINST SIBLINGS	CGA3X01
Who have you done that sort of thing to? Your friends or co-workers?	0 = Absent	
Brothers, sisters, or other family members?	2 = Present	
Where does that sort of thing happen? When did you start doing that sort of thing?	DIRECTED AGAINST PEERS	CGA3X02
	0 = Absent	
In the past 3 months, how many times have you done that at home?	2 = Present	
At school/college/university? At work?	DIRECTED AGAINST ADULTS	<u>CGA3X03</u>
How many times have you done that in other places?	0 = Absent	
	2 = Present	
X		

Conduct Problems

6



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 family? When was the first time you stole anything form home or family? O = No 2 = Yes STEALING DIRECTED SPECIFICAL Y CGA6/01 Against A PARTICULAR PERSON OR PERSONS O = No 2 = Yes STEALING RECTED SPECIFICAL Y CGA6/01 Frequency O = No 2 = Yes CGA6/01 Persons O = No 2 = Yes CGA6/01 Frequency O = No 2 = Yes CGA6/01 Frequency O = No 2 = Yes CGA6/01 Ornset O = No D = No D = No D = No D = No
Who did you steal it from? Intensity What did you steal? 0 = No Did you steal on your own or with anyone else? 2 = Yes How often have you stolen anything from home or family in the last 3 months? 0 = No When was the first time you stole anything form home or family in 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 STEALING DIRECTED SPECIFICALLY AGAINST A PARTICULAR PERSON OR PERSONS 0 = No 2 = Yes CGA6601 Frequency CGA6601 Frequency CGA6001 Onset
Who did you steal it from? 0 = No What did you steal? 2 = Yes Did you steal on your own or with anyone else? STEALING ITEMS NOT AVAILABLE FOR GENERAL USE BUT NOT AIMED AGAINST A PARTICULAR PERSON When was the first time you stole anything form home or family in the last 3 months? 0 = No When was the first time you stole anything form home or from family? 0 = No 2 = Yes STEALING DIRECTED SPECIFICALLY AGAINST A PARTICULAR PERSON OR PERSONS 0 = No 2 = Yes STEALING DIRECTED SPECIFICALLY AGAINST A PARTICULAR PERSON OR PERSONS CCA66/02 0 = No 2 = Yes CGA6F01 Frequency CGA6001 Onset

Definitions and questions	Coding rules	Codes
STEALING AT SCHOOL/WORK		
Have you stolen anything form school/work in the last	STEALING AT SCHOOL/WORK	CGA7X01
3 months?	0 = No	Intensity
What did you steal? Who did you steal it from?	2 = Yes	
Did you steal on your own or with anyone else? Why did you do it?	STEALING ITEMS NOT AVAILABLE FOR A GENERAL USE BUT NOT AIMED AGAINST A PARTICULAR PERSON	<u>CGA7I01</u>
How often have you stolen anything in the last 3 months?	0 = No	
When was the first time you stole anything from	2 = Yes	
school/work?	STEALING DIRECTED SPECIFICALLY AGAINST A PARTICULAR PERSON OR PERSON	CCA7102
	0 = No	
	2 = Yes	CGA7F01 Frequency
	<i>N</i>	CGA7001 Onset
	0	//

Definitions and questions	Coding rules	Codes
STEALING ELSEWHERE		
Have you stolen anything elsewhere in the last 3 months?	STEALING ELSEWHERE	CGA8X01
What did you steal? Who did you steal it from?	0 = No	Intensity
Did you steal on your own or with anyone else? Why did you do it?	2 = Yes	
How often have you stolen anything in the last 3 months besides at home, school, or work?	STEALING ITEMS NOT AVAILABLE FOR GENERAL USE BUT NOT AIMED AGAINST A PARTICULAR PERSON	CGA8101
When was the first time you stole anything outside home,		
	0 = No 2 = Yes STEALING DIRECTED SPECIFICALLY AGAINST A PARTICULAR PERSON OR PERSONS 0 = No 2 = Yes	CGA8F01 Frequency CGA8O01 Onset

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 he public. Detection may provoke a confrontation, but the	STEALING IN PRIMARY PERIOD	CGA9X01
	0 = Absent	Intensity
	2 = Present	
intention is to avoid it.	STEALING ALONE	CGA9101
Were you on your own or with anybody else?	0 = Absent	
Did anyone find out?	2 = Present	
What did they do?	STEALING WITH ONE OTHER	<u>CGA9I02</u>
What happened as a result?	0 = Absent	
Have you stolen anything else? Or taken anything from a store?	2 = Present	
What did you do?	STEALING IN A GROUP	CGA9103
	0 = Absent	
	2 = Less than 50% of the time.	
	3 = More than 50% of the time.	
	SHOPLIFTING	CGA9104
	0 = Absent	
• 0	2 = Present	
PATTERNS OF STEALING - BREAKING AND		
ENTERING		
Breaking and entering: Includes breaking into a house,	BREAKING AND ENTERING	Ever:CGB0101
building, store to steal. Code breaking into a car separately.	0 = Absent	Intensity
Have you ever broken into anywhere?	2 = Present	
How many times have you ever broken into anywhere?		Ever:CGB1V01 Frequency
When was the first time you broke into anywhere?		
		Ever:CGB1001
		Onset
•		

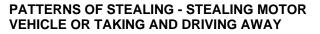
PATTERNS OF STEALING - BREAKING INTO A CAR

Breaking into a car to steal.

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?



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 ever stolen a motor vehicle?

Or taken a car or motorcycle to use, without permission?

How many times have you stolen a motor vehicle or took one and drove away?

When was the first time you stole a car or took and drove it away without permission?

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 ever threatened anyone to make them give you something?

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

er:CGB3001/ STEALING MOTOR VEHICLE OR TAKING AND DRIVING AWAY

Ever:CGB4I01 Intensity

Codes

Ever:CGB2I01

Ever:CGB3V01 Frequency

Intensity

iset

Ever:CGB5V01 Frequency



STEALING INVOLVING CONFRONTATION OF THE VICTIM, BUT WITHOUT ACTUAL VIOLENCE

0 = Absent

Coding rules

0 = Absent

2 = Present

BREAKING INTO A CAR

2 = Present

Ever:CGB6I01 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 ever mugged anyone?

Did you hurt him/her? Have you done that in the last 3 months?

How many times have you ever mugged someone?

When was the first time?

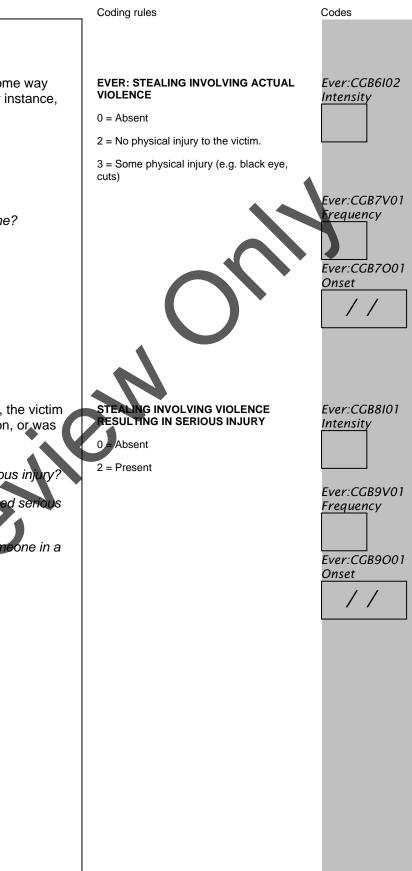
PATTERN OF STEALING - STEALING INVOLVING VIOLENCE RESULTING IN SERIOUS INJURY

As a result of violence committed during stealing, the victim sustained broken limbs, or required hospitalization, or was unconscious for any period.

Have you ever mugged anyone and caused serious injury?

How often have you mugged someone and caused serious injury?

When was the first time you seriously injured someone in a mugging situation?



PATTERNS OF STEALING - USE OF WEAPON

Use of any item that could be used to threaten or intimidate a victim. Include carrying a weapon even if it is concealed and not used.

Have you ever carried a weapon when you stole anything?

What? Did you use it?

How many times have you ever carried a weapon when you stole something?

When was the first time you carried a weapon to steal?

OUTCOME OF STEALING

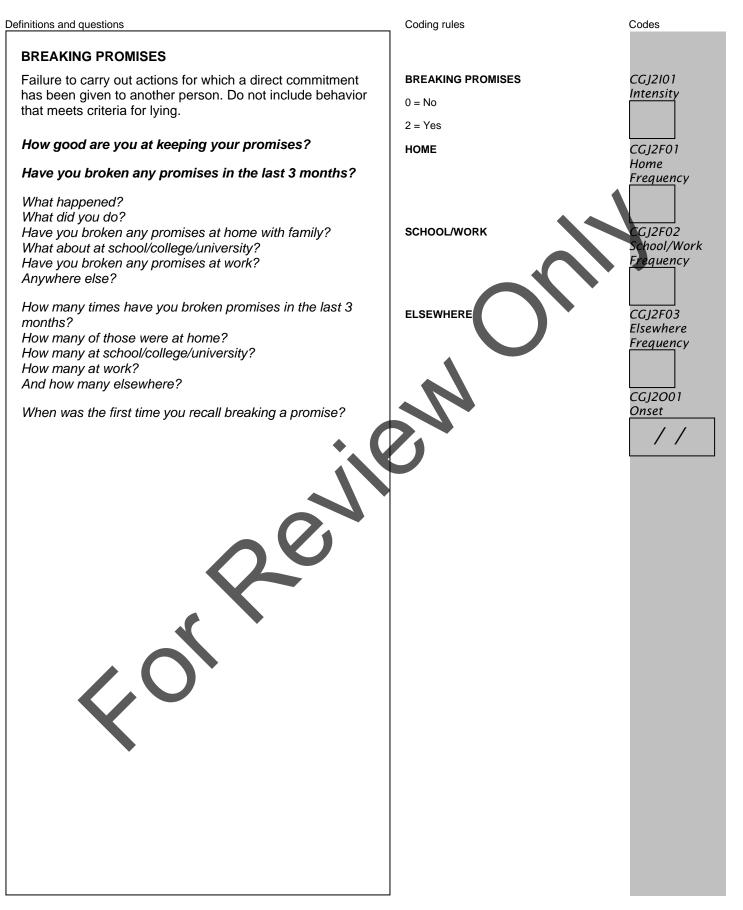
IF SUSPENDED OR EXPELLED FROM SCHOOL BECAUSE OF STEALING, CODE HERE AND UNDER SCHOOL SUSPENSION, IN -SCHOOL SUSPENSION OR SCHOOL EXPULSION.

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?

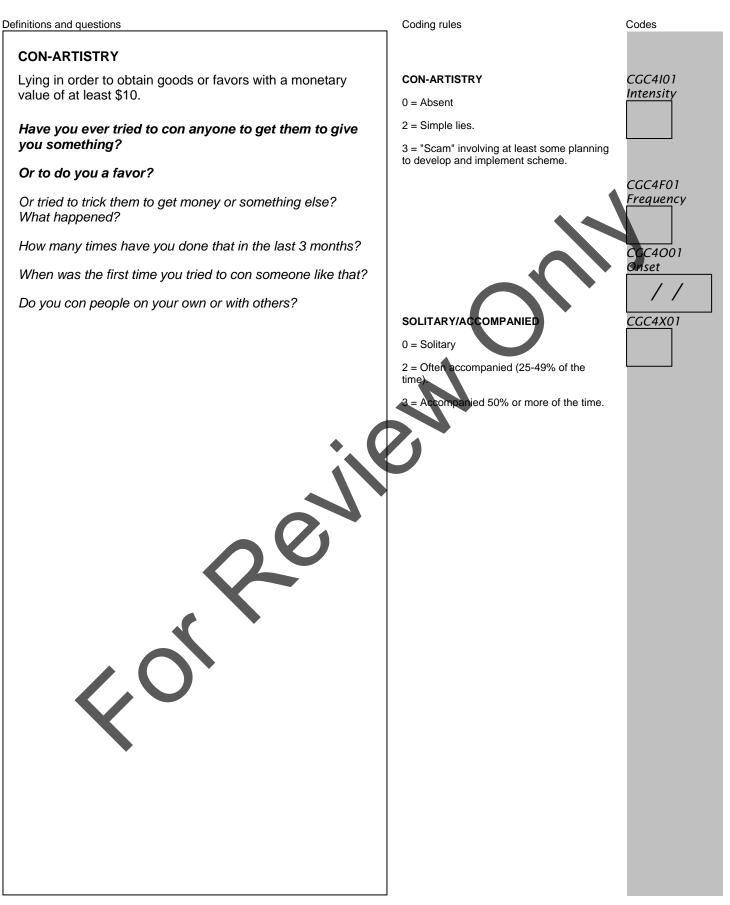
	Coding rules	Codes
midate	USE OF WEAPON	Ever:CGC0I01
ealed	0 = Absent	Intensity
	2 = Carried weapon while stealing.	
	3 = Used weapon to threaten victim.	
nen		Ever:CGC1V01 Frequency
		Ever:CGC1001 Onset
al?		11
ER	OUTCOME OF STEALING	CGC2X01 Intensity
ON OR	0 = Absent 2 = Prèsent	
	ACTIVITIES WITH PEERS RESTRICTED	CGC2101
◆_ (0 = Absent	
	2 = Present	
	ACTIVITIES WITH ADULTS RESTRICTED	CGC2102
	0 = Absent 2 = Present	
	2 = Present OTHER PUNISHMENT BY FAMILY OR	CGC2103
	OTHERS	
	0 = Absent	
	2 = Present	
	BANNED FROM PREMISES OR ORGANIZATIONS/SUSPENDED OR EXPELLED FROM SCHOOL/COLLEGE/UNIVERSITY	CGC2I04
	0 = Absent	
	2 = Present	

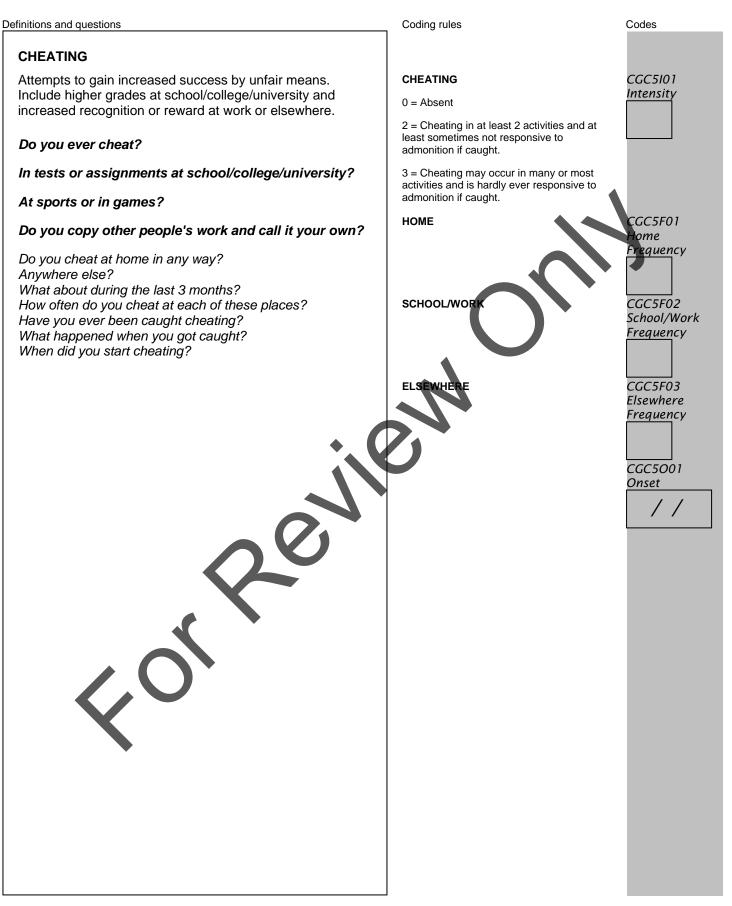


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Definitions and questions Coding rules Codes DECEPTION LYING Distortion of the truth with intent to deceive others. LYING CGC3101 Intensity Barefaced lies are told with little or no effort or ability to 0 = Absent conceal the untruth, for example the subject obviously has possession of an object but denies taking or having it. 1 = Made up stories or fictions which are not told for gain or to escape punishment. Subtle lies involve more elaborate distortion of the truth. 2 = Lies told for gain or to escape punishment, in at least 2 activities that do NOTE: IF BLAMING OTHERS, CODE IN BLAMING. not result in others getting into trouble. Most people tell lies sometimes. Have you told any lies HOME GC3F01 in the last 3 months? me quency What about? Whom to? Where? SCHOOL/WO CGC3F02 Why did you do it? School/Work Do you ever tell lies to get out of things you don't want Frequency to do? When something goes wrong that's your fault, do you CGC3F03 admit it? Elsewhere How often do you tell lies? Frequency When did you start telling lies? Is it usually obvious that you are lying or is it hard to tell? CGC3001 CGC3001 How many lies have you told at home in the last 3 months? How many at school or work? | | How many elsewhere? FREQUENCY: BAREFACED LIES CGC3F04 with others? When you tell lies, do you do it on your own c **FREQUENCY: SUBTLE LIES** CGC3F05 SOLITARY/ACCOMPANIED CGC3X01 0 = Solitary2 = Often accompanied (25-49% of the time). 3 = Accompanied 50% or more of the time.

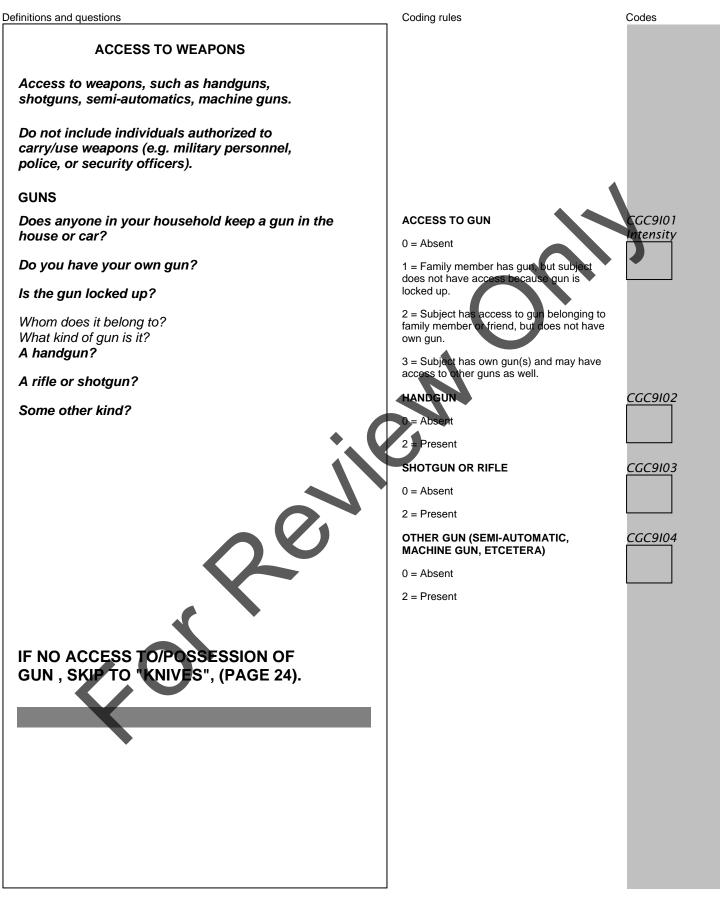
Definitions and questions Coding rules Codes BLAMING BLAMING Falsely attributing misdemeanors to another so as to avoid CGJ3101 reproach or punishment. Intensity 0 = Absent 2 = Lies in at least 2 activities, that result in Do you lie if you think you can get out of trouble by others being blamed for subject's blaming someone else? misdemeanors or otherwise getting into trouble or lies which, if believed, would Do your lies get others into trouble? have the same result. Could they? HOME CGJ3F01 What do you do? Ноте What is the result? requency Where do you do this? How often do you do this? When did you start doing it? SCHOOL/WORK CGJ3F02 Do you do this on your own or with others? School/Work Frequency **ELSEWHERE** CGJ3F03 Elsewhere Frequency CGJ3001 Onset | | SOLITARY/ACCOMPANIED CGJ3X01 0 = Solitary 2 = Often accompanied (25-49% of the time). 3 = Accompanied 50% or more of the time.



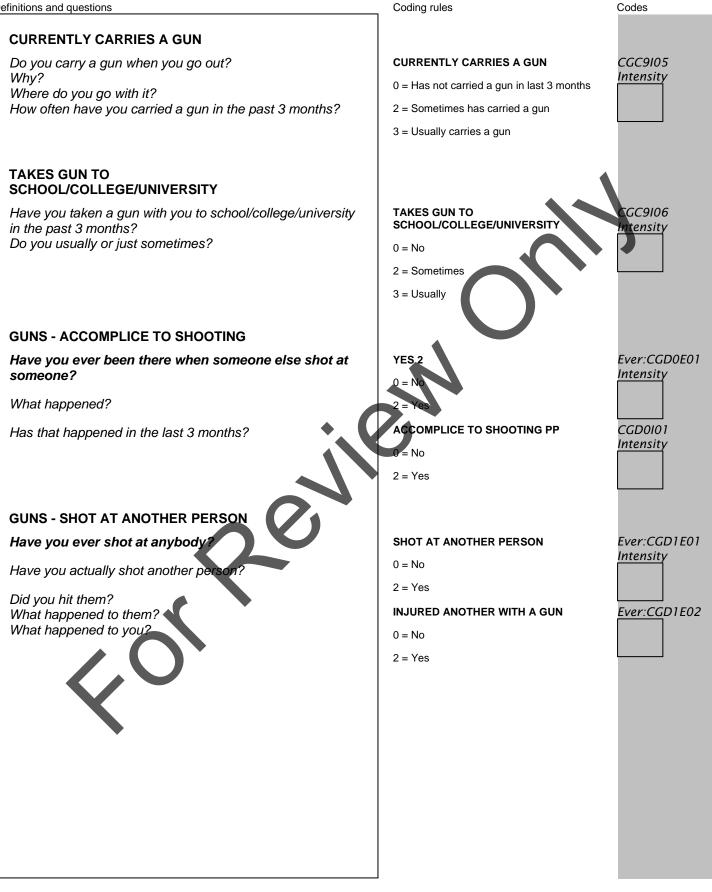


Definitions and questions Coding rules Codes MINOR FORGERY **EVER: MINOR FORGERY** Ever:CGC6V01 Deliberate non-illegal imitation of documents, letters or signatures for the subject's own ends. Intensity 0 = No2 = Behaviors that are neither illegal nor Includes getting others to forge documents for the subject's likely to result in police action, such as purposes, but do not include illegal acts. faking school reports or sick notes. CGC6001 Ever:CGC6O01 Have you faked documents for school? Or faked your parent's or someone else's signature on something? MINOR FORGERY GC6I01 tensity What was it? 0 = NoOr forged anything else like that? 2 = Behaviors that are neither illegal likely to result in police action, such as When was the first time? faking school reports or sid not Have you done this is the last 3 months? HOME CGC6F01 Ноте Frequency How often have you done it? Where did that happen? Did you do that on your own or with others? CGC6F02 School/Work Frequency ELSEWHERE CGC6F03 Elsewhere Frequency SOLITARY/ACCOMPANIED CGC6X01 0 = Solitary 2 = Often accompanied (25-49% of the time). 3 = Accompanied 50% or more of the time.

efinitions and questions	Coding rules	Codes
MAJOR FORGERY		
Deliberate illegal imitation of documents, letters or signatures for the subject's own ends.	MAJOR FORGERY 0 = No	Ever:CGJ5V01 Intensity
Include getting others to forge documents for the subject's purposes.	2 = Illegal acts such as credit card fraud, forging a fake ID, etc.	
Include only illegal acts.		Ever:CGJ5001 Onset
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 many times have you ever done that?	MAJOR FORGERY 0 = No 2 = Illegal acts such as credit card fraud, forging a fake ID, etc. HOME	CGJ5I01 Intensity CGJ5F01 Home Frequency
When was the first time?	SCHOOLANOPK	
Have you done anything like that in the last 3 months?	SCHOOLWORK	CGJ5F02 School/Work Frequency
How often have you done that at home in the last 3 months? How about at school or work? Anywhere else in the last 3 months?	ELSEWHERE	CGJ5F03
Were you doing that on your own or with others?		Elsewhere Frequency
	SOLITARY/ACCOMPANIED	 CGJ5X01
	0 = Solitary 2 = Often accompanied (25-49% of the time).	
	3 = Accompanied 50% or more of the time.	







GUNS - PURCHASE OF LONG GUN

It is legal in N.C. to purchase a long gun at 18 with no permit.

Have you ever purchased a rifle or shotgun?

Did you buy it from a private party (friend, acquaintance, family member)? How about through commercial sources (store, pawn shop, etc.)?

Have you purchased a rifle or shotgun in the last 3 months?

GUNS - PURCHASE OF HANDGUN

It is legal in N.C. to purchase a handgun (after a waiting period and permit), at age 21.

Have you ever purchased a handgun?

Did you buy it from another person or a store?

PERMIT

Do you have a permit?

PURCHASE OF GUN 0 = No1 = Yes, through private sources (acquaintance, family, etc.). PURCHASE OF GUN 0 = No1 = Yes, through private sources (acquaintance, family, etc.). 2 = Yes, through commercial purch PURCHASE OF GUN 0 = No1 = Yes, through private sources (acquaintance, family, etc.). through commercial purchase.

Coding rules

PERMIT 0 = Absent

Intensity

abc3764

Ever:CGM0I02 Intensity

CGM1101 Intensity

2 = Present

Conduct Problems



Ever:CGM0E01 Intensity

2 = Yes, through commercial purchase.

nitions and questions		
KNIVES		
Have you ever used a knife in a fight or to threaten somebody?	USED KNIFE IN FIGHT OR TO THREATEN	Ever:CGD4E0 Intensity
Have you ever injured anyone with a knife?	0 = No	
	2 = Yes	
What happened?	INJURED ANOTHER WITH A KNIFE	Ever:CGD5E0
Have you carried a knife as a weapon or for protection?	0 = No	
How often have you carried it in the last 3 months; sometimes or usually?	2 = Yes CURRENTLY CARRIES KNIFE	CGD2101
Where do you take it?		Intensity
Have you taken a knife to school/college/university in the	0 = Has not carried a knife in last 3 months	. 🥒 📔
last 3 months?	2 = Sometimes has carried a knife3 = Usually carries a knife	
	TAKES KNIFE TO SCHOOL/COLLEGE/UNIVERSITY	<u>CGD3I01</u>
	0 = No	
	2 = Sometimes	
	o - O de li y	
OTHER WEAPONS		
Have you carried anything else as a weapon or for protection?	CURRENTLY CARRIES OTHER WEAPON	CGD6I01 Intensity
Like brass knuckles, chains, sticks, or bottles	0 = Has not carried other weapon in last 3 months	
Or a BB gun, pellet gun, or ball bat?	2 = Sometimes has carried other weapon	
How often have you carried "other weapon" in the last 3 months?	3 = Usually carries other weapon	
Where do you carry it?	TAKES OTHER WEAPON TO	CGD7101
In the last 3 months, have you taken it to	SCHOOL/COLLEGE/UNIVERSITY	
school/college/university?	0 = No	
	2 = Sometimes	
	3 = Usually	
•		

Definitions and questions	Coding rules	Codes
OTHER SELF DEFENSE EQUIPMENT Have you carried anything like mace or a stun gun? Or a bat to defend yourself? In the last 3 months, have you taken any self-defense equipment to school/college/university? Is that just sometimes or usually?	 CURRENTLY CARRIES SELF-DEFENSE EQUIPMENT 0 = Has not carried self defense equipment in the last 3 months 2 = Sometimes has carried self defense equipment 3 = Usually carries self defense equipment TAKES SELF DEFENSE EQUIPMENT TO SCHOOL/COLLEGE/UNIVERSITY 0 = No 	CGD8I01 Intensity
	2 = Sometimes 3 = Usually	

Definitions and questions Coding rules Codes CONDUCT PROBLEMS INVOLVING VIOLENCE LOSING TEMPER LOSING TEMPER Discrete episodes of temper manifested by shouting or CGE0101 Intensity name calling but without violence and not meeting criteria 0 = Absent for a temper tantrum. 2 = Present Do you have a "bad" or "hot" temper? HOME CGE0F02 Ноте What sort of temper do you have? Frequency What happens when you lose your temper? In the last 3 months, have you lost your temper enough to SCHOOL/WORK CEOF03 С School/Work shout, yell, or call names? Frequency How often do you lose your temper? When did that start? In the last 3 months, how many times have you lost your ELSEWHERE CGE0F04 temper (at home, school, work, elsewhere)? Elsewhere Frequency When did you start losing your temper? CGE0001 Onset | |

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 people say or do about it? Where does that happen?

How often does it happen?

How long does it go on for?

When did it start?

Coding rules Codes **TEMPER TANTRUMS** CGE1101 Intensity 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 CGE1F01 lome equency E SCHOOL/WOR CGE1F02 School/Work Frequency CGE1F03 Elsewhere Frequency OURS : MINUTES CGE1D01 Duration CGE1001 Onset | |

Definitions and questions Codes Coding rules VANDALISM VANDALISM CGE2101 Damage to, or destruction of, property without the intention of gain. Includes breaking, cutting or tearing up belongings. Intensity 0 = Absent 2 = Writing graffiti, carving on trees or Have you deliberately or willfully damaged or broken or similar actions that are not actually smashed up anything? destructive of the functions of that object. What have you done? 3 = Other acts involving damage to, or destruction of, property. How about writing on walls, streets or buildings? HOME CGE2F01 What about breaking or smashing up things at lome school/college/university? requency What about at work? When was that? SCHOOL/WORK CGE2F02 Did you know the people whose stuff you messed up? School/Work How often do you do that sort of thing? Frequency When did you first do something like that? In the last 3 months, how many times have you done things ELSEWHERE CGE2F03 like that at home? Elsewhere At school or work? Frequency Other places (note)? When you do that, are you alone or with other people? **DIRECTED AGAINST COMMUNAL** CGE2102 PROPERTY 0 = Absent 2 = Present DIRECTED AGAINST UNKNOWN CGE2103 INDIVIDUAL'S PROPERTY 0 = Absent2 = Present DIRECTED AGAINST KNOWN CGE2104 INDIVIDUAL'S PROPERTY 0 = Absent 2 = Present SOLITARY/ACCOMPANIED CGE2X01 0 = Solitary 2 = Often accompanied (25-49% of the time). 3 = Accompanied 50% or more of the time. CGE2001 Onset

Definitions and questions Coding rules Codes FIRESETTING FIRESETTING Ever:CGE4E01 Setting of unsanctioned fires. Intensity 0 = Absent Do not include burning individual matches or pieces of 2 = Deliberate setting of unsanctioned fires, paper. but without intent to cause damage. 3 = Deliberate setting of unsanctioned fires N.B. "EVER" CODED IF FIRE SETTING HAS OCCURRED with deliberate intent to cause damage. BUT NOT IN LAST 3 MONTHS. Ever:CGE4V01 Do you like to play with matches or lighters? Frequency Or playing with fire? CGE4001 er:CGE4O01 Do you like 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 was the first time you did that? How many times have you ever started fires like that?

Definitions and questions Coding rules Have you played with fire or set a fire in the last three FIRESETTING months? 0 = Absent Did anyone find out? What happened? 2 = Deliberate setting of unsanctioned fires, but without intent to cause damage. How often have you done that sort of thing in the last 3 months? 3 = Deliberate setting of unsanctioned fires Have you ever done any damage with fire? with deliberate intent to cause damage. HOME Where have you set fires in the last 3 months? Do you play with fire or start fires on your own or with others? SCHOOL/WORK ELSEWHERE DIRECTED AGAINST COMMUNAL PROPERTY 0 ١c 2 = Yes DIRECTED AGAINST UNKNOWN INDIVIDUAL'S PROPERTY 0 = No2 = YesDIRECTED AGAINST KNOWN INDIVIDUAL'S PROPERTY 0 = No 2 = YesSOLITARY/ACCOMPANIED 0 = Solitary 2 = Often accompanied (25-49% of the time). 3 = Accompanied 50% or more of the time.

CGE3101 Intensity CGE3F01 Ноте Frequency CCE3F02 School/Work Frequency CGE3F03 Elsewhere Frequency CGE3102 CGE3103 CGE3104 CGE3X01

Codes

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.

Code worst result of fights in last 3 months.

Do you get into physical 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? What is the worst that's happened in a fight you were in? Did anyone get hurt? What happened? Have you been in any fights that someone else broke up? Who? Why? When did you start fighting?

Do you have fights where other people are in the fight on your side?

FIGHTS- RESULTING IN SERIOUS INJURY

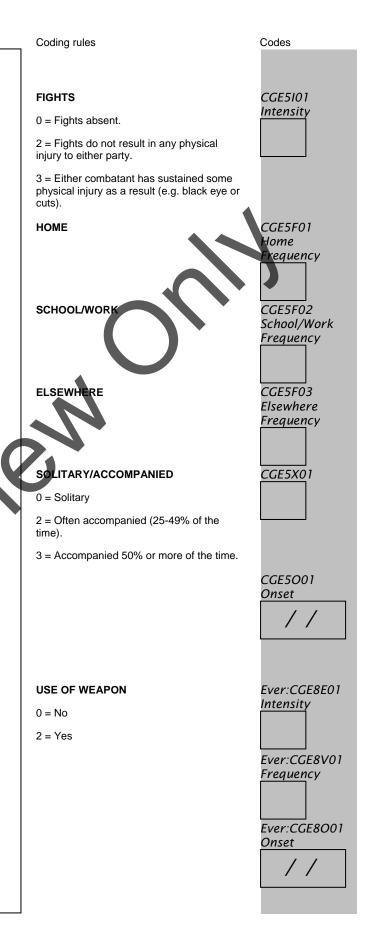
As the result of a fight, either combatant sustained broken limbs, required hospitalization, or was unconscious for any period.

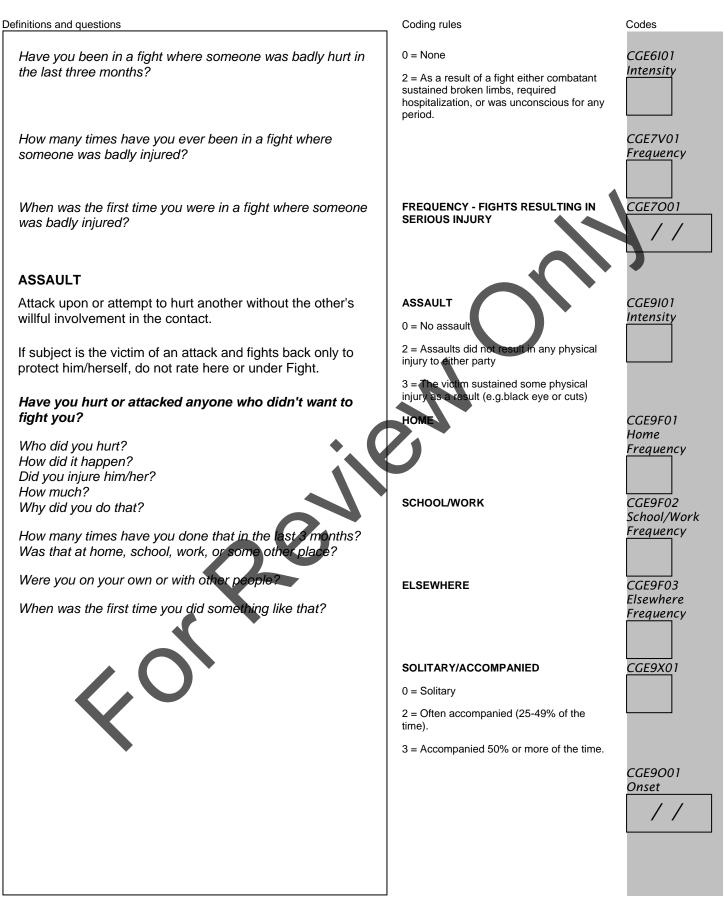
Have you ever been in a fight where someone was badly hurt?

Have you ever used a weapon in a fight? Like a knife or stone or anything else?

How many times have you ever used a weapon in a fight?

When was the first time?





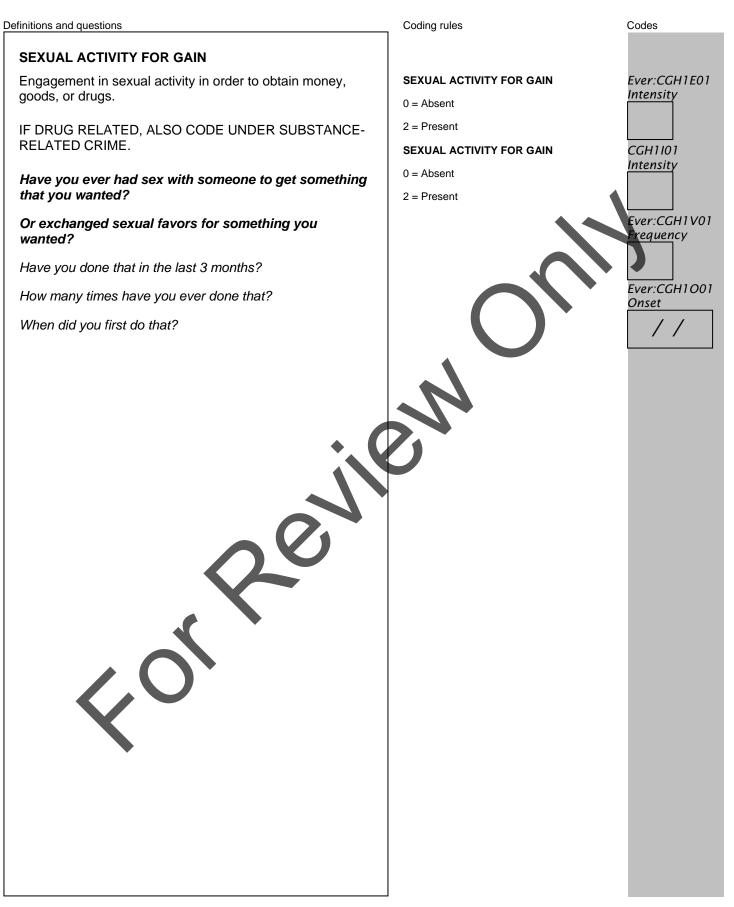
finitions and questions	Coding rules	Codes
ASSAULT RESULTING IN SERIOUS INJURY		
In the last 3 months, have you been involved in an assault where someone was seriously injured?	ASSAULTS RESULTING IN SERIOUS INJURY 0 = None	CGF0I01 Intensity
How many times have you ever been involved in an assault where someone was seriously injured? What was the serious injury? When was the first time?	2 = As a result, either combatant sustained broken limbs, required hospitalization, or was unconcious for any period	
		CGF1V01 Frequency CGF1001 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.	USE OF WEAPON IN ASSAULT 0 = None 2 = As a result of a fight either combatant	Ever:CGF2E01 Intensity
Have you ever used a weapon in an assault?	sustained broken limbs, required hospitalization, or was unconscious for any	
Like a knife or stone? Or used something else as a weapon?	périod.	Ever:CGF2V0 Frequency
How many times have you ever used a weapon to attack someone?		
When was the first time you used a weapon in an attack?		Ever:CGF2O0 Onset
IF ASSAULT OCCURRED, ASK ABOUT CRUELTY. OTHERWISE, SKIP TO "BULLYING/EXTORTION", (PAGE 36).		

Definitions and questions Coding rules Codes **CRUELTY TO PEOPLE** An assault involving the deliberate inflicting of pain or fear **CRUELTY TO PEOPLE** CGF3101 on the victim beyond the "heat of the moment". Include Intensity 0 = Absent cutting or burning a person, holding a person's head underwater, forcing a person to do something with the 2 = Cruelty did not result in any physical injury to either party. purpose of causing physical pain or harm, ritualized infliction of pain, and sadistic violence or terrorization. 3 = The victim sustained some physical injury as a result (e.g. black eye or cuts). Have you deliberately inflicted pain or fear on someone HOME CGF3F01 after they were already hurt? Ноте Have you beat, cut, or burned a restrained person? Have you tried to terrorize someone? Have you done anything like that in the last 3 months? SCHOOL/WORK JF3F02 How many times? School/Work Where did you do that? Were you on your own or with others? When was the first time you did that? ELSEWHERE CGF3F03 Elsewhere CGF3X01 ACCOMPANIED Often accompanied (25-49% of the 3 = Accompanied 50% or more of the time. CGF3001 Onset / /

Definitions and questions Coding rules Codes **CRUELTY RESULTING IN SERIOUS INJURY CRUELTY RESULTING IN SERIOUS** Have you ever seriously injured anyone like that? Ever:CGF4I01 INJURY How many times? Intensity What happened? 0 = None When was the first time? 2 = As a result of cruelty either combatant sustained broken limbs, required Have you ever used a weapon when intentionally doing hospitalization, or was unconcious for any that? period. How many times? Ever:CGF5V01 When was the first time? Frequency Ever:CGF5001 Onset | | USE OF WEAF Ever:CGF6E01 0 = No2 = YesEver:CGF6V01 CGF6V0 CGF6001 Ever:CGF6O01 | |

Definitions and questions	Coding rules	Codes
BULLYING/EXTORTION		
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.	BULLYING/EXTORTION 0 = Absent 2 = Using threats only. 3 = With actual violence.	CGF7I01 Intensity
Differentiate from spiteful and vindictive which does not include attempts to force someone to do something against their wishes.	НОМЕ	CGF7F01 Home Frequency
Have you tried to bully someone by threatening them? Have you forced someone to do something they didn't want to do by threatening or hurting them?	SCHOOL/WORK	COF7F02 Sehool/Work Frequency
Want to do by unreatening of narting them? Was there any actual violence involved? Who did you bully? Why did you do it? How often? Where? When was the first time? Did you do this alone or with someone else?	ELSEWHERE SOLITARY/ACCOMPANIED	CGF7F03 Elsewhere Frequency CGF7X01
Have you ever used a weapon when bullying someone? How many times? When was the first time?	 0 = Solitary 2 = Often accompanied (25-49% of the time). 3 = Accompanied 50% or more of the time. 	CGF7O01 Onset
	EVER: USE OF WEAPON 0 = No 2 = Yes	<pre>Ever:CGF8E01 Intensity Ever:CGF8V01 Frequency Ever:CGF8001 Onset / /</pre>

Definitions and questions Coding rules Codes FORCED SEXUAL ACTIVITY FORCED SEXUAL ACTIVITY Have you kissed or fondled anyone who didn't want Ever:CGF9E01 you to? Intensity 0 = Absent Have you ever made someone have sex with you when 2 = Using threats only. s/he didn't want to? 3 = With actual violence. Have you done that in the last 3 months? FORCED SEXUAL ACTIVITY CGF9101 Intensity 0 = Absent How many times have you ever done something like that? 2 = Using threats only. When was the first time? 3 = With actual violence. Did you use a weapon of any sort? er:CGF9V01 Frequency In the last 3 months? How many times? Ever:CGF9001 When was the first time? Onset / / WEAPON FOR FORCED Ever:CGH0E11 ISF ACTIVITY Nο **USE OF WEAPON FOR FORCED** CGH0101 SEXUAL ACTIVITY 0 = No2 = Yes**FREQUENCY - USE OF WEAPON FOR** Ever:CGH0V01 FORCED SEXUAL ACTIVITY **ONSET - USE OF WEAPON FOR** Ever:CGH0O01 FORCED SEXUAL ACTIVITY / /



Definitions and questions Coding rules Codes **CRUELTY TO ANIMALS CRUELTY TO ANIMALS** CGH2I01 Deliberate activities involving hurting animals. Include reptiles, amphibians, snakes, and toads. Do not include Intensity 0 = Absent hunting, fishing, or stomping on ants or other insects. May include smothering, choking, hard kicking. 2 = Definite cruelty not resulting in obvious or permanent injury to the animal. Note: To distinguish from normative teasing and poorly 3 = Acts resulting in obvious or permanent modulated play, need to determine that the act was injury. deliberate with the purpose of causing pain or distress. CGH2F01 HOME Ноте N.B. "EVER" CODED IF NO CRUELTY TO ANIMALS IN requency LAST 3 MONTHS. Have you hurt an animal in the last 3 months? SCHOOL/WORK CGH2F02 School/Work When? Frequency What happened? (Determine way of hurting) Have you ever killed an animal, aside from hunting? Were the police brought in? CGH2F03 **ELSEWHERE** Where did you do it? Elsewhere Why did you do it? Frequency How often have you done that? When was the first time? What was done about it? SOLITARY/ACCOMPANIED CGH2X01 In the last 3 months, how many times have you hurt an Solitary animal? 2 = Often accompanied (25-49% of the Have you done this on your own? time). Has anyone else ever participated with you in hurting 3 = Accompanied 50% or more of the time. animal? Is it more often on you own or with someone e CGH2O01 Onset How many times have you ever seriously hurt or killed an animal? / / When was the first time? Ever:CGH3E01 CRUELTY TO ANIMALS (ENTER ONLY IF AT INTENSITY LEVEL "3") Intensity 0 = Absent2 = Present FREQUENCY Ever:CGH3V01 Ever:CGH3O01 Onset

LETTER WRITING, TELEPHONE CALLS, MALICIOUS RUMORS

Sending nasty, obscene, cruel, or otherwise unpleasant anonymous letters, emails, or text messages 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 phone call that was unpleasant to the receiver?

Have you started or spread rumors about anybody that weren't true?

Have you sent nasty emails or text messages to anyone?

Or told things to your friends or other people about someone to hurt their reputation?

Who did you do that to? Why did you do it? Were the police or other authorities brought in?

How many times have you done that in the last 3 month

When was the first time?

How many times would you say you have something like that?

LETTER WRITING, PHONE CALLS, OR CGH4101 MALICIOUS RUMORS Intensity 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. CGH4001 Onset LETTER WRITING, TELEPHONE CALLS, Ever:CGH5E01 MALICIOUS RUMORS Intensity Letters or phone calls to, or spreading rumors about, unknown person(s). Letters or phone calls to, or spreading rumors about, person with whom the subject has personal contact. Ever:CGH5V01 Frequency Ever:CGH5O01 Onset

Coding rules

Codes

GH4F01 quency

/ /

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 subject saw.

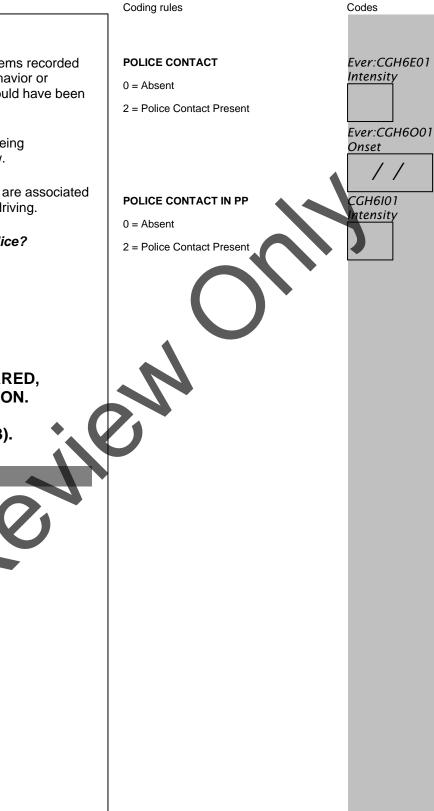
Do not include speeding tickets, unless they are associated with driving under the influence or reckless driving.

Have you ever been involved with the police?

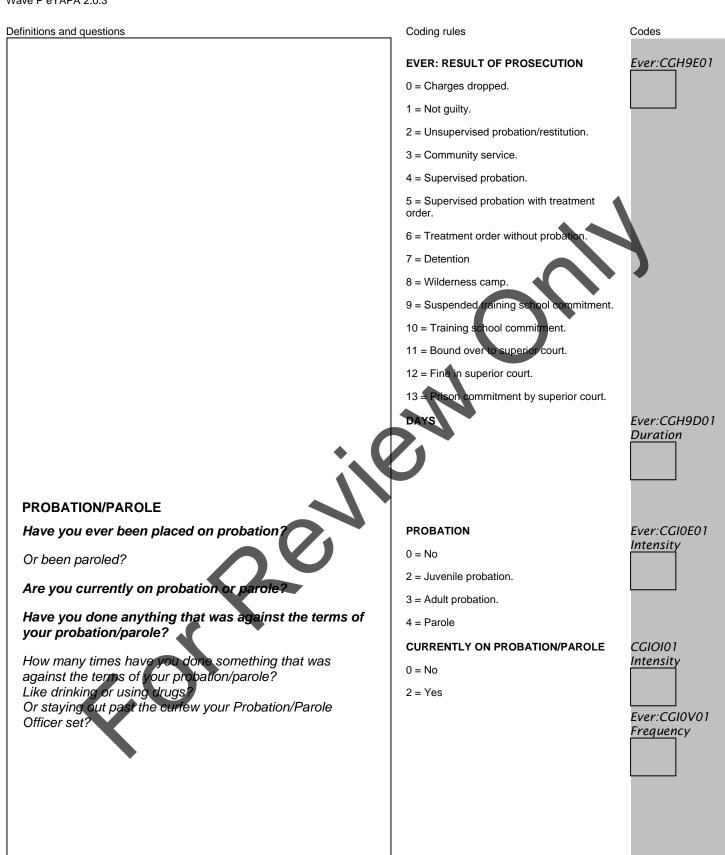
Have you ever been arrested?

What about in the last 3 months? When was the first time?

IF POLICE CONTACT HAS OCCURRED, COMPLETE DELINQUENCY SECTION. OTHERWISE, SKIP TO "PROBATION/PAROLE", (PAGE 43).



finitions and questions	Coding rules	Codes
DELINQUENCY		
ACTION TAKEN BY POLICE		
<i>What happened as a result of your involvement with the police?</i>	EVER: ACTION TAKEN BY POLICE 0 = Not charged.	Ever:CGH7E01 Intensity
Were you charged with an offense?	2 = Charged	
Have you had any charges in the last 3 months?	CGH8O01	Ever:CGH8O01
When was the first time you were charged?		
How many charges have you had, altogether?	TOTAL NUMBER OF CHARGES	Ever:CGH8V01
Have you had any DWI's? How many?	NUMBER OF DWIS	Ever:CGH8V02
What types of offenses have you been charged with?		
Any crimes against property? Any crimes against people? Any crimes involving violence?	TYPE OF OFFENSE 1 = Property	Ever:CGH8X01
Any crimes of a sexual nature? Any crimes against nature? Any crimes where death or serious injury resulted? Any drug related offenses?	2 = Personal 8 = Property With Violence 4 = Personal With Violence	Ever:CGH8X02
Any alcohol related offenses? Any other type of offense?	5 = Drug Related 6 = Sex Crime	Ever:CGH8X03
What were the results of the charges? Were the charges dropped or did you go to Count? Were you found guilty? Were you placed on probation or given community service?	 7 = Crime Against Nature 8 = Crime Resulting In Death/Serious Injur 	Ever:CGH8X04
Did you have to pay a fine? Did you have to serve time? Any other results?	9 = Alcohol Related 10 = Other	Ever:CGH8X05
How many days were you in jail either awaiting trial or as a result of sentencing?		Ever:CGH8X06
		Ever:CGH8X07
		Ever:CGH8X08
·		Ever:CGH8X09
		Ever:CGH8X10



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. 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

ELSEWHERE, COMPLETE.

Do you have any children who don't live with you?

IF SUBJECT HAS A CHILD THAT LIVES

OTHERWISE, SKIP TO "FINANCIAL CONSEQUENCES", (PAGE 46).

CHILD LIVING ELSEWHERE

0 = No

to pay.

HOME

2 = Yes

Codina rules Codes FAILURE TO HONOR FINANCIAL С*G*К0101 OBLIGATIONS Intensity 0 = Does not owe money or has not failed 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. Ноте Frequency SCHOOL/WORK CGK0F02 School/Work Frequency CGK0F03 SEWHERE Elsewhere Frequency ССК0001 Onset | | CGK1100 Intensity

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Conduct Problems
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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?

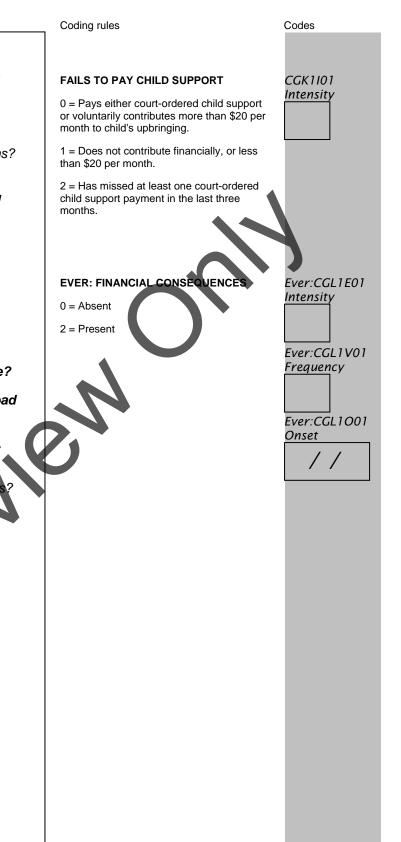
Have you been unable to pay your rent or mortgage?

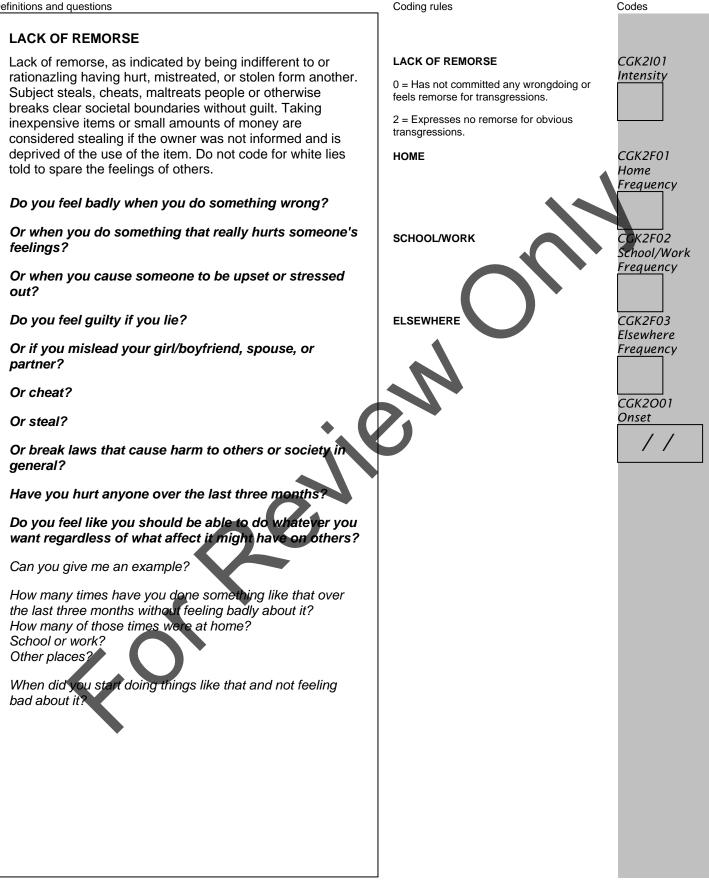
Have you been unable to make a purchase due to bad credit?

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?





HARASSMENT

Repeated or persistent infringement that causes annoyance or torment to another person.

Over the last three months, have you called someone on the phone, just to make them feel annoyed?

Or to make them feel frightened?

Can you tell me a little about that? Have you just shown up at someone's house or property?

Why did you go there? What happened?

How many times have you done that?

When did you start doing that?

IMPULSIVITY OR FAILURE TO PLAN AHEAD

Subject acts on impulse without making plans or considering the end result (i.e., quitting a job before having a new job, severing relationships without considering the consequences, taking on responsibilities without any 'game plan" for follow through).

Do you sometimes do things on impulse?

Or just decide to do things without planning ahead?

Does it cause problems when you do this Can you give me an example? **Do you change your plans frequently?**

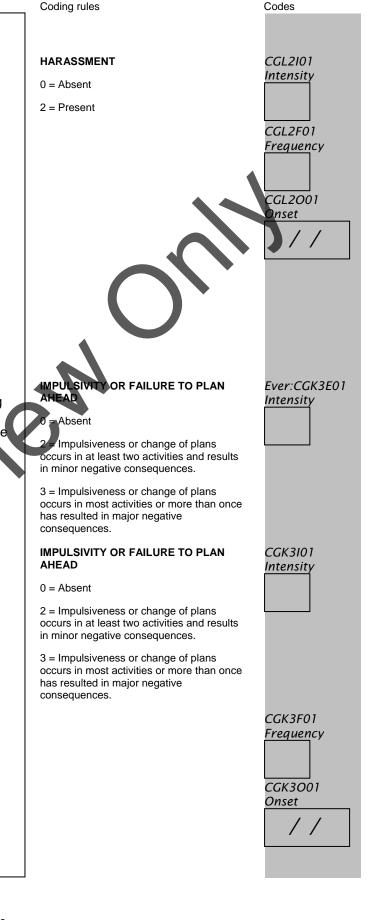
Does that make it difficult for you or others? Have you moved without any specific place to go?

Have you left a long term relationship without really thinking it through?

What about in the last 3 months?

How many times have you done something like that in the last 3 months?

When was the first time you acted impulsively like that?



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 Codes **NO PERMANENT ADDRESS** Ever:CGL3E01 Intensity 0 = Retained a permanent address. 2 = No permanent address for a month or more. **NO PERMANENT ADDRESS IN PP** CGL3101 Intensity 0 = Retained a permanent address. 2 = No permanent address for a month or more. **HOURS : MINUTES** er:CGL3D01 Ever:CGL3O01 Onset USE OF AN ALIAS Ever:CKG4E01 Intensity 0 = Absent Uses another name to avoid recognition or responsibility. 3 = Uses another name for illegal purposes or to avoid legal pursuit. **USE OF AN ALIAS** CKG4101 Intensity 0 = Absent 2 = Uses another name to avoid recognition or responsibility. 3 = Uses another name for illegal purposes or to avoid legal pursuit. CKG4F01 Frequency CKG4001 Onset

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?

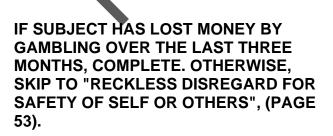
Do you risk more than \$50.00 at a time?

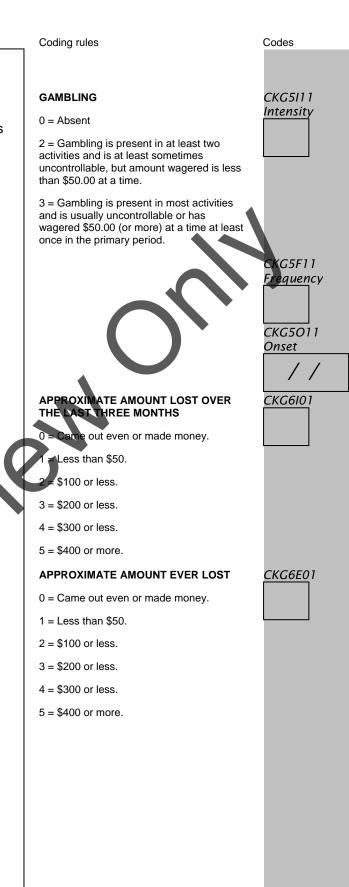
How many times would you say you have gambled in the last 3 months?

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?





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Conduct Problems
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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 yo gambling debts?

When was the first time your losses caused these other problems?

	Coding rules	Codes
	, , , , , , , , , , , , , , , , , , ,	
	RESULTANT DIFFICULTIES	CGK7I01 Intensity
	0 = Absent	miensity
	2 = Present	
	FORM OF DIFFICULTY CAUSED BY GAMBLING LOSSES	СGK7102
	1 = Using savings.	
	2 = Working extra.	<u>CGK7I03</u>
	3 = Borrowing from others to cover losses.	
	4 = Unable to pay other expenses.	CGK7104
	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.	
	16 = Other	
		CGK7O01
í		Onset

finitions 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.	DISREGARD FOR SAFETY 0 = Absent	Ever:CGK8E0 Intensity
Have you ever been the driver when an auto accident occurred?	 2 = Present 3 = Present, and subject or other needed medical attention. 	
What happened? Have you driven a car or motor bike after using alcohol or drugs?	DISREGARD FOR SAFETY IN PP 0 = Absent 2 = Present	CGK8I01 Intensity
Do you like taking risks?	3 = Present, and subject or other needed medical attention.	
<i>Do you consider yourself a reckless person or a risk- taker?</i>		Ever:CGK8F0 Frequency
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?	CGK8001	Ever:CGK800
How much over the speed limit do you usually go?	2,	
When was the first time you put yourself or others into a dangerous situation like that?		
How often have you done dangerous or risky things like that, in the last 3 months?		
SUBJECT HAS CHILD OR TAKES CARE OF CHILD		
Do you babysit?	SUBJECT HAS CHILD OR TAKES CARE OF CHILD	Ever:ywn030 Intensity
Do you watch your brothers or sisters?	0 = No	
Or other children?	2 = Yes	
Do you work in a situation where you are responsible for children?	PRIMARY PERIOD CARES FOR CHILD(REN)	ywn3303 Intensity
	0 = No 2 = Yes	
IF SUBJECT HAS A CHILD, 'STEPCHILD' OR TAKES CARE OF A CHILD, CONTINUE. OTHERWISE, SKIP TO " ATTEMPTS TO CUT DOWN",		
(PAGE 13).		

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Conduct Problems
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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?

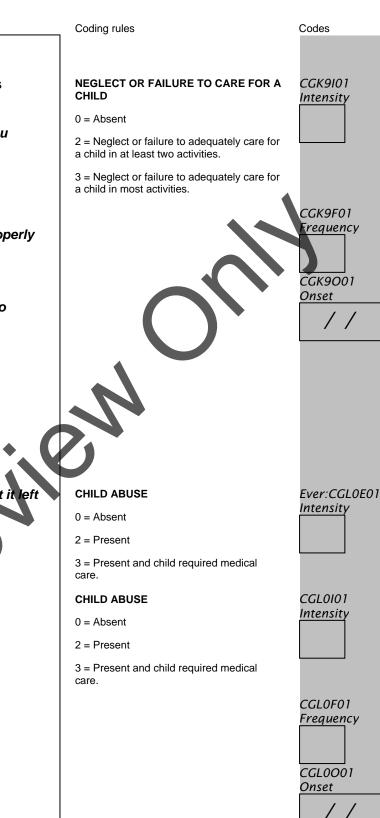
Have you ever shaken a child real hard?

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?

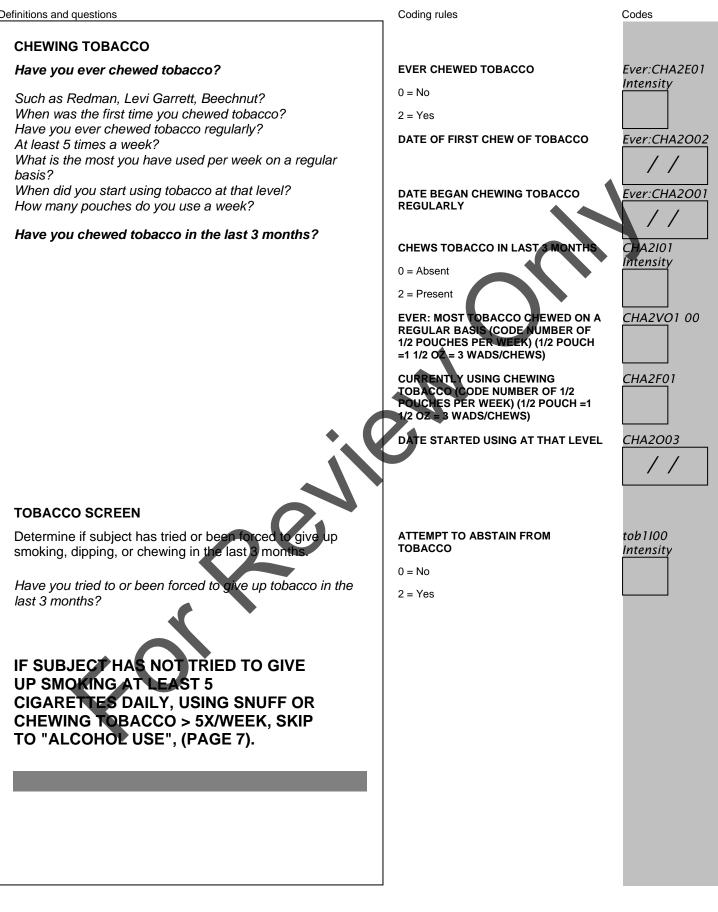
Has that happened in the last 3 months?

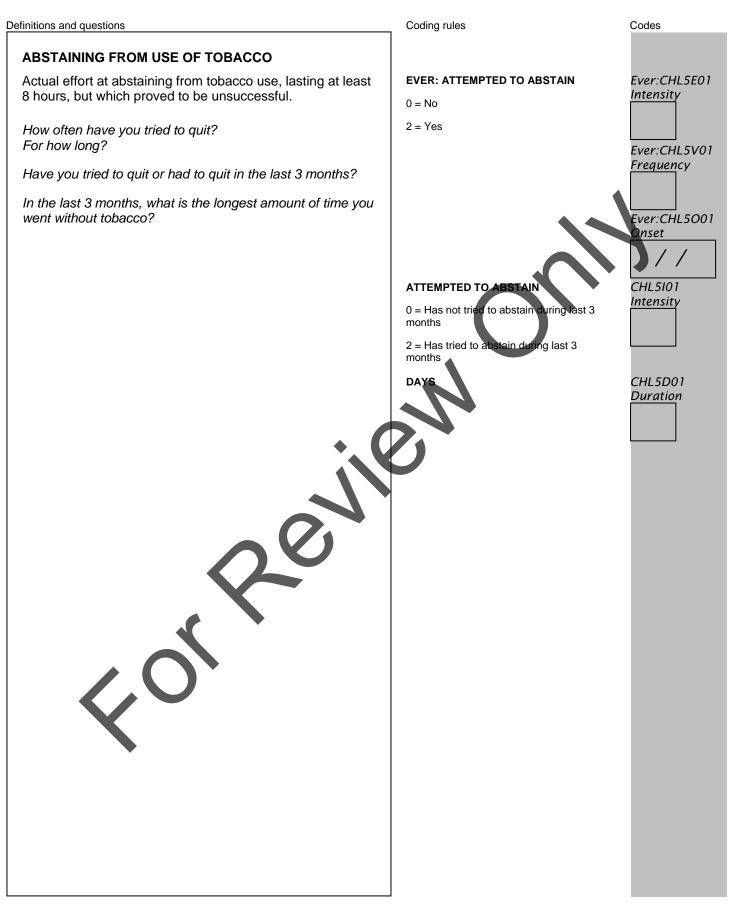
How many times?

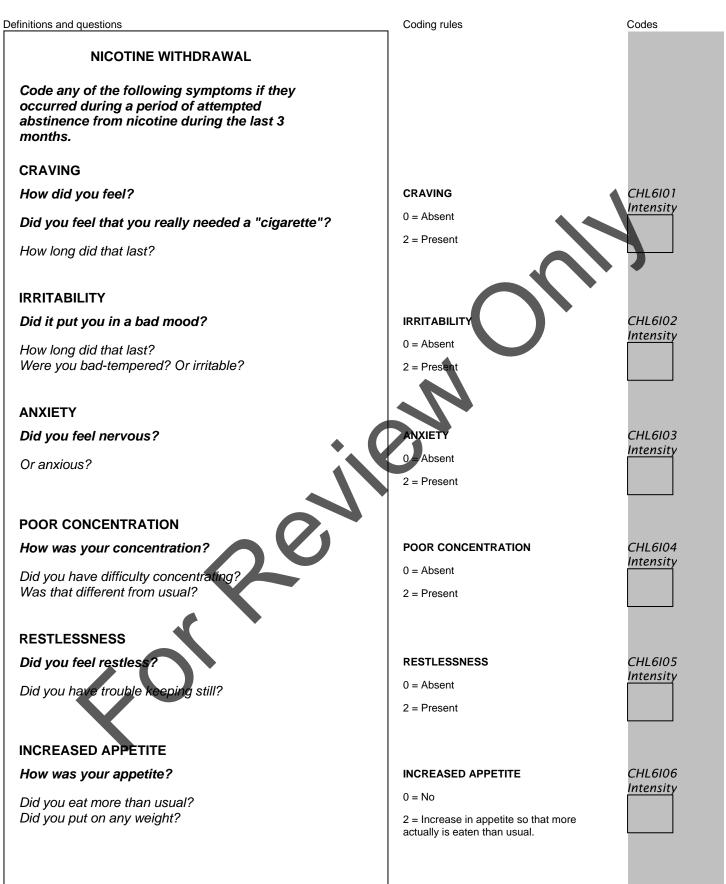


Definitions and questions Coding rules Codes TOBACCO, ALCOHOL, AND DRUGS **TOBACCO USE** Include use of any tobacco products. SMOKING Ever:CHA0E01 EVER SMOKED Have you ever smoked tobacco? Intensity 0 = NoHave you ever smoked regularly? (One or more per day?) 2 = YesHOW OLD WERE YOU THE FIRST TIME YOU EVER ver:CHA0002 **TRIED SMOKING?** 6 iset WHEN DID YOU START SMOKING REGULARLY, I MEAN AT LEAST 1 CIGARETTE PER DAY? DATE BEGAN SMOKING REGULARLY (CODE ONLY IF > 1 PER DAY) Ever:CHA0001 What is the most you have smoked per day on a regular basis? | | When did you start smoking at that level? EVER: MOST SMOKED PER DAY ON A REGULAR BASIS (CODE ONLY IF > 1 Ever:CHA0V01 Have you smoked on a regular basis in the last 3 months? PER DAY) IN THE PAST THREE MONTHS. HOW MANY DATE BEGAN MOST SMOKED PER DAY ON A REGULAR BASIS (CODE ONLY IT Ever:CHA0O03 CIGARETTES DO YOU SMOKE ON AN AVERAGE DAY? > 1 PER DAY) / / USE IN PP CHA0101 Intensity 0 = Absent 2 = Present **CURRENTLY SMOKING: # PER DAY ON** CHA0F01 A REGULAR BASIS (CODE ONLY IF >1 PER DAY)

Definitions and questions Coding rules Codes SNUFF EVER USED SNUFF Have you ever used snuff? Ever:CHA1E01 Intensity 0 = NoAnything like Skoal, Copenhagen, or Red Wolf? 2 = YesWhen did you have your first pinch of snuff? DATE OF FIRST PINCH OF SNUFF Have you ever used snuff on a regular basis? Ever:CHA1002 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? Ever:CHA1001 DATE BEGAN USING SNUFF When did you start using at that level? REGULARLY Do you use it now? How many tins/cans do you use a week? EVER: MOST SNUFF USED ON A REGULAR BASIS (CODE NUMBER OF 1/2 TINS/CANS PER WEEK) (1/2 er:CHA1V01 Εì TINS/CANS = 1/2 OZ = ABOUT 5 DIPS/CHEWS DATE STARTED USING SNUFF AT THAT Ever:CHA1003 LEVEL / / CHA1101 Intensity CURRENTLY USING SNUFF (CODE CHA1F01 NUMBER OF 1/2 TINS/CANS PER WEEK) (1/2 TIN/CAN = 1/2 OZ = 5 DIPS/CHEWS)

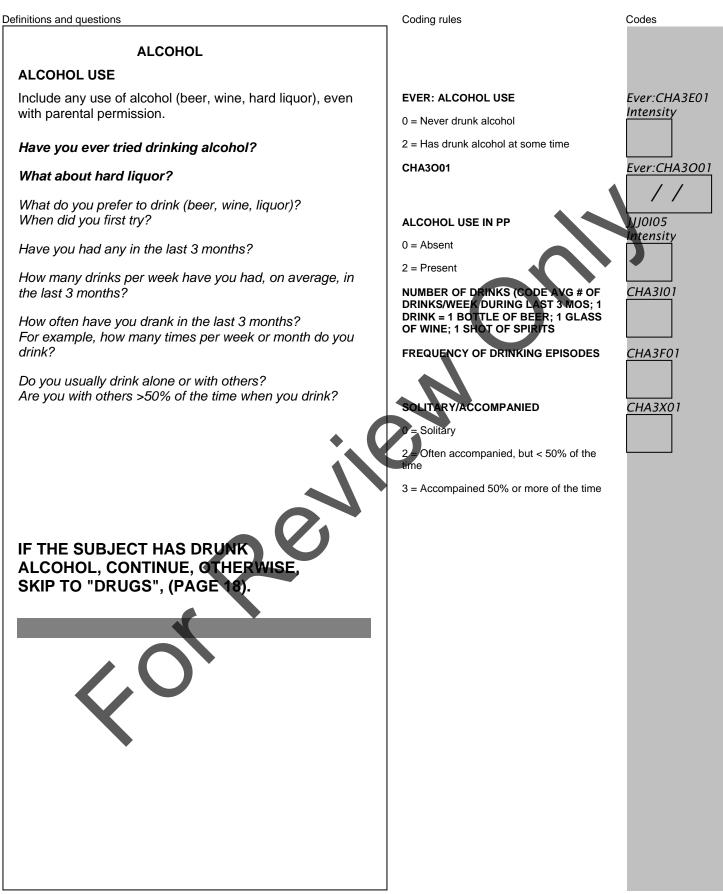






Definitions and questions Coding rules Codes BRADYCARDIA BRADYCARDIA Did you notice your heart rate? CHL6107 Intensity 0 = No Was it any different from usual? Was it slowed down? 2 = Subject noticed slowing of pulse.

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Wave P eYAPA 2.0.3
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USE OF ALCOHOL WITHOUT PERMISSION FROM A RESPONSIBLE ADULT

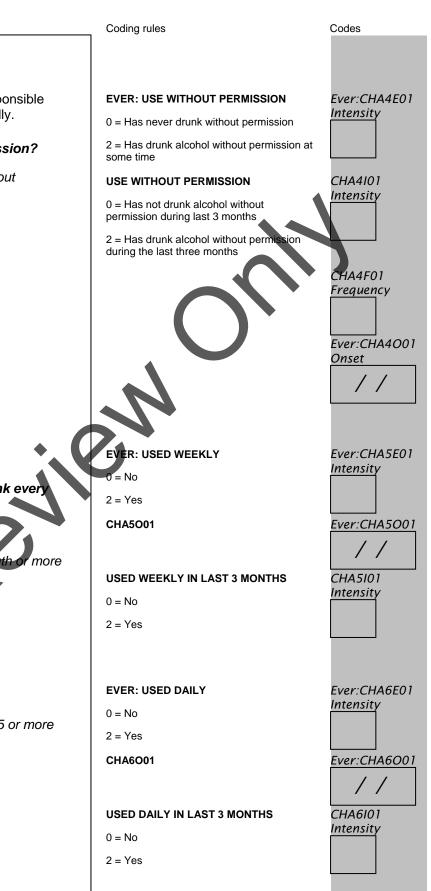
Drinking alcohol without permission from a responsible adult, whether alcohol obtained legally or illegally.

Have you ever drank alcohol without permission?

When was the first time you drank alcohol without permission?

What about in the last 3 months?

How many times in the last 3 months?



DRINKING WEEKLY

Once a week for a month.

Has there ever been a period when you drank every week for a month or more?

When did that start?

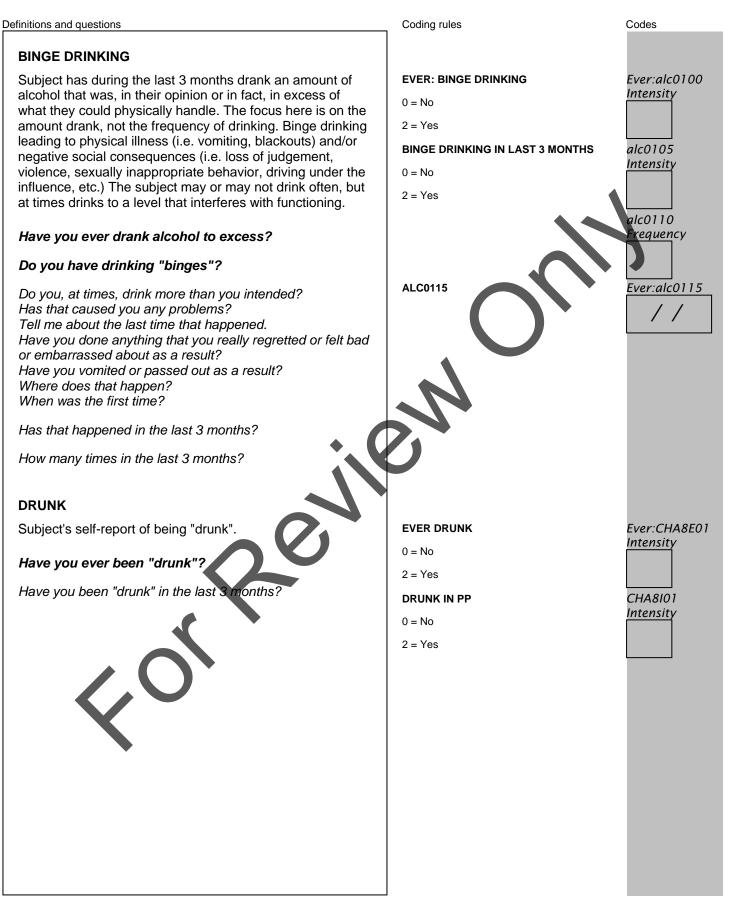
Have you drank at least once a week for a month or more in the last 3 months?

DRINKING DAILY

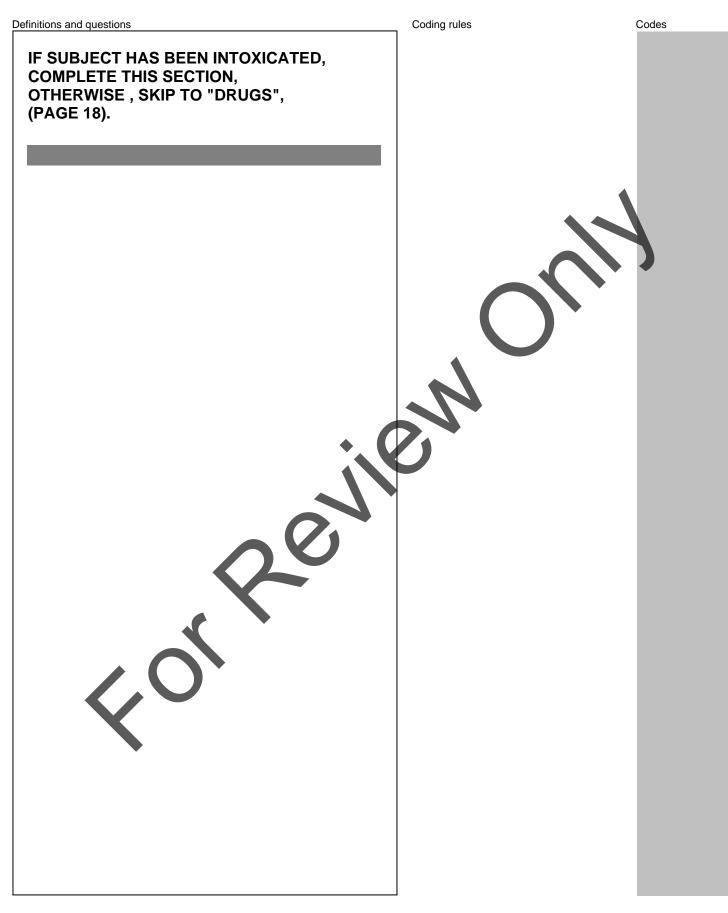
5 days per week for a month

Has there ever been a period when you drank 5 or more days per week for a month? When did that start?

How about in the last 3 months?



finitions and questions	Coding rules	Codes
ALCOHOL INTOXICATION		
Alcohol ingestion associated with any of the following	INTOXICATION SCREEN	СНА8102
behavioral or psychological changes: slurred speech,	0 = No	Intensity
incoordination, unsteady gait, nystagmus, flushed face.	2 = Yes	
In the last 3 months, have you experienced any physical effects from alcohol use; such as slurred speech or staggering?	NUMBER OF TIMES DRUNK; CODE NUMBER OF TIMES DRUNK IN THE PAST 3 MONTHS	CHA8F01
At any time in the last 3 months did you feel like you were drunk?	NAUSEA; CODE NUMBER OF TIMES VOMITED WHILE DRUNK IN THE PAS	СНА8F02
HOW DID YOU FEEL OR ACT THAT MAKES YOU SAY	MONTHS	
How many times?	PASSED OUT; CODE NUMBER OF TIMES PASSED OUT WHILE DRUNK II PAST 3 MONTHS	CHA8F03
How many times have you vomited because of drinking in the last 3 months?	SLURRED SPEECH	CHA9X01
How many times have you passed out because of drinking in the last 3 months?	0 = Absent 2 = Present	
Was your speech slurred?		СНА9Х02
How was your coordination?	2 = Present	
Did you have trouble walking straight?	UNSTEADY GAIT	СНА9Х03
Did you fall down at all?	0 = Absent	
Or bump into things? Or knock anything over?	2 = Present	
Could you move your arms and hands properly?		CHAOXO A
	NYSTAGMUS	CHA9X04
Could you fix your eyes on things properly?	0 = Absent	
Or were they jerking about?	2 = Present	
Do you know if your face was red?	FLUSHED FACE	СНА9Х05
	0 = Absent	
How many times in the last 3 months have you had any of	2 = Present	
these symptoms associated with drinking (signs of interview intoxication)?	INTOXICATED IN LAST 3 MONTHS	CHA9F01
When was the first time you had any of these symptoms	INTOXICATED IN LAST 5 MONTHS	
associated with drinking?	CHA8001	 CHA8O01
Did you start to believe any strange or unusual things?		///
	DELUSIONS	CHL7101
	0 = Absent	
	2 = Present	



ALCOHOL INTOXICATON CONSEQUENCES

ALCOHOL SCREEN

Subject used alcohol on 5 consecutive days of primary period, used on any 10 days of the primary period, or was intoxicated 2 or more times in the primary period.

Have you drank for 5 days in a row in the last 3 months?

Have you drank on 10 or more days out of the last 3 months?

Have you been drunk 2 or more times in the last 3 months?

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).

Coding rules ALCOHOL INTOXICATION SCREEN 0 = No2 = Yes

Codes

AIS0100

Intensity

DESIRE TO CUT DOWN

The subject has at certain times felt that s/he would like to reduce his/her alcohol intake. There is no requirement that s/he should have actually done so.

Do you want to cut down on how much alcohol you drink?

Have you ever wanted to? When was the first time?

ADVISED TO CUT DOWN

Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her alcohol intake, on at least one occasion.

Has anyone ever told you that you should cut down?

Who? When was the first time? What do your parents, friends, and other loved ones think?

ATTEMPTS TO CUT DOWN

Actual efforts at reduced alcohol intake or abstention made, lasting at least 8 hours, but which proved unsuccessful at permanently reducing intake.

Have you ever actually tried to cut down on how much alcohol you drink?

Why was that? How many times have you tried? When was the first time? What about in the last 3 months? For how long? Did you substitute other substances while you were cutting down on alcohol?

Coding rules Codes EVER: DESIRE TO CUT DOWN Ever:CHL8E01 Intensity 0 = No desire to cut down 2 = Wishes to cut down CHL8001 Ever:CHL8O01 EVER: ADVISED TO CUT DOWN Ever:CHL9E01 Intensitv 0 = Never advised by parents or others to cut down 2 = Advised to cut down CHL9001 Ever:CHL9001 11 ER: TRIED TO CUT DOWN Ever:CHM0E01 Intensity 0 = Has never made attempt to cut down. 2 = Has made unsuccessful attempt at some time to cut down. Ever:CHM0V01 Frequency CHM0001 Ever:CHM0001 / / TRIED TO CUT DOWN CHM0101 Intensity 0 = No attempt in last 3 months to cut down. 2 = Made attempt in last 3 months to cut down. DAYS CHM0D01 Duration

Definitions and questions Coding rules Codes ALCOHOL WITHDRAWAL To be considered symptoms of withdrawal, symptoms must DRINKS OR USES ANOTHER Ever:CHM1101 SUBSTANCE TO AVOID WITHDRAWAL have occured within 5 days of ending (or reducing alcohol Intensity SYMPTOMS intake during) a period of heavy ingestion of alcohol (that lasted at least 3 days). 0 = No2 = YesWhat 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).

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?

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?

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 of other substances (unless such substances either not available or withheld).

Did you notice any other physical symptoms

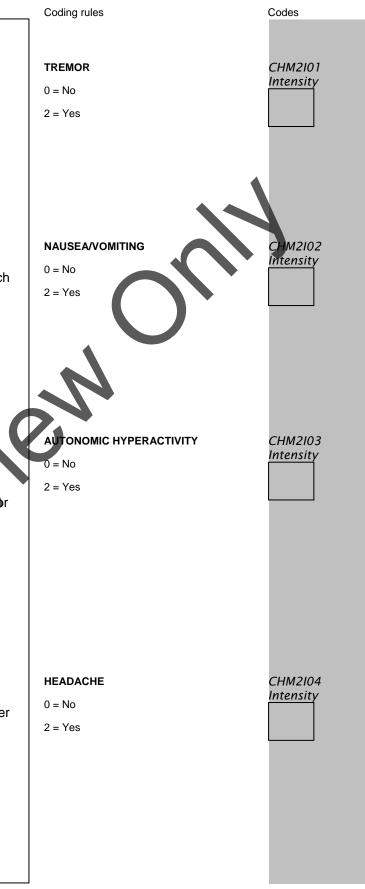
Did you get sweaty? Or notice your heart beating fast? When did that start?

HEADACHE

Headache of any sort associated with reduced alcohol intake (such as on rising in the morning) and relieved by alcohol or other substances (unless such substances either not available or withheld).

Did you get a headache?

How long did it last? When did it start?



INSOMNIA

Initial, middle or terminal insomnia, of at least 1 hour duration, associated with reduced alcohol intake, and relieved by alcohol or other substances (unless such substances either not available or withheld).

Was your sleep affected?

What happened? When did that start?

ANXIETY ASSOCIATED WITH REDUCED ALCOHOL INTAKE

Anxious affect associated with reduced alcohol intake (such as on rising in the morning) and relieved by alcohol or other substances (unless such substances either not available or withheld).

Did you feel scared or anxious?

What was that like? When did that start?

DEPRESSION ASSOCIATED WITH REDUCED ALCOHOL INTAKE

Low mood associated with reduced alcohol intake (such as on rising in the morning) and relieved by alcohol or other substances (unless such substances either not available or withheld).

Did you feel depressed?

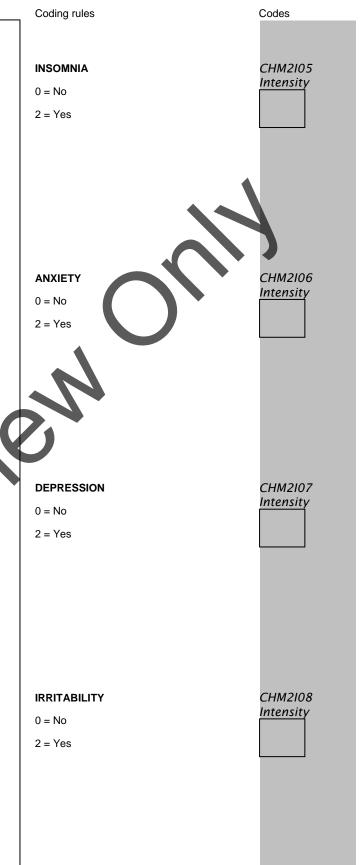
What was that like? When did that start?

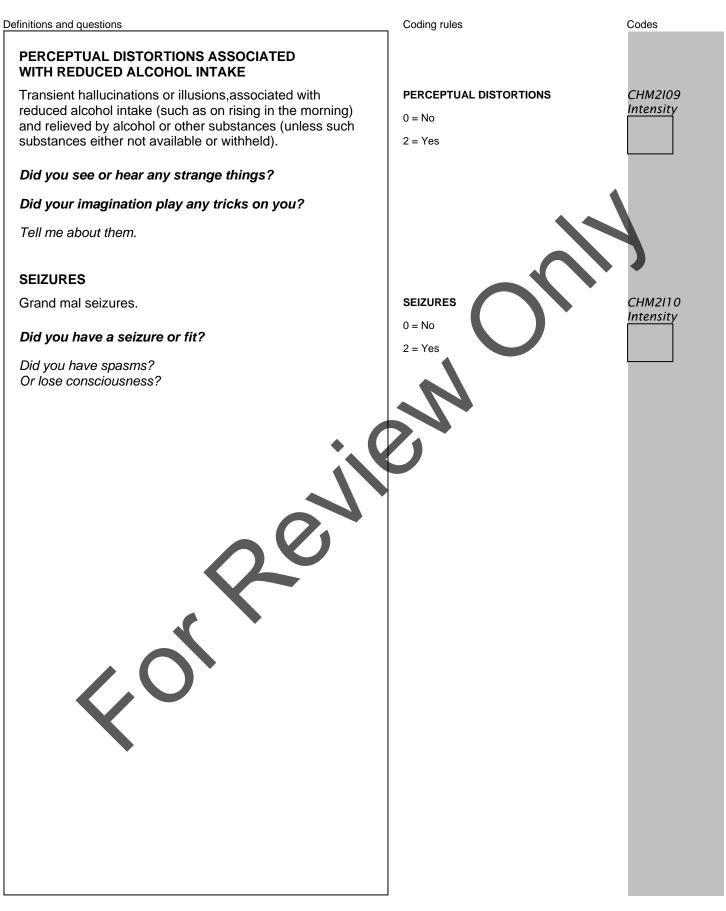
IRRITABILITY ASSOCIATED WITH REDUCED

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).

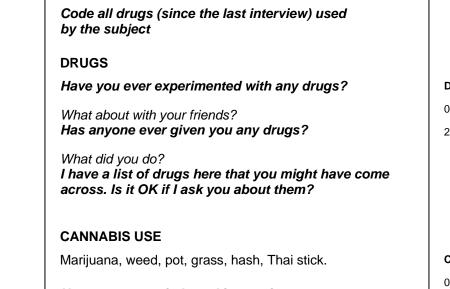
Did you get irritable?

What was the like? When did that start?





Tobacco, Alcohol, and Drugs



Have you ever tried smoking pot?

Have you used marijuana in the last 3 months?

When was the first time you ever used marijuana?

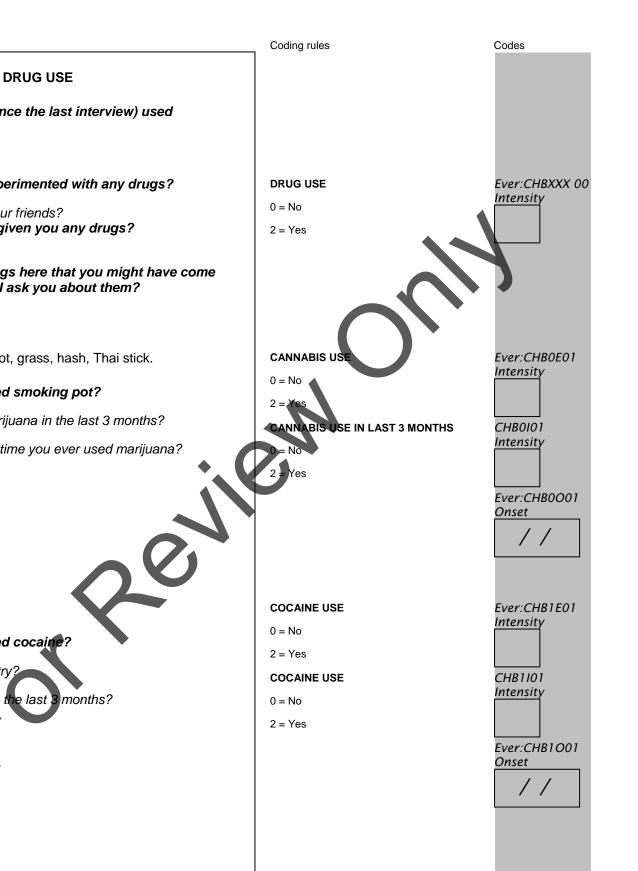
COCAINE USE Coke

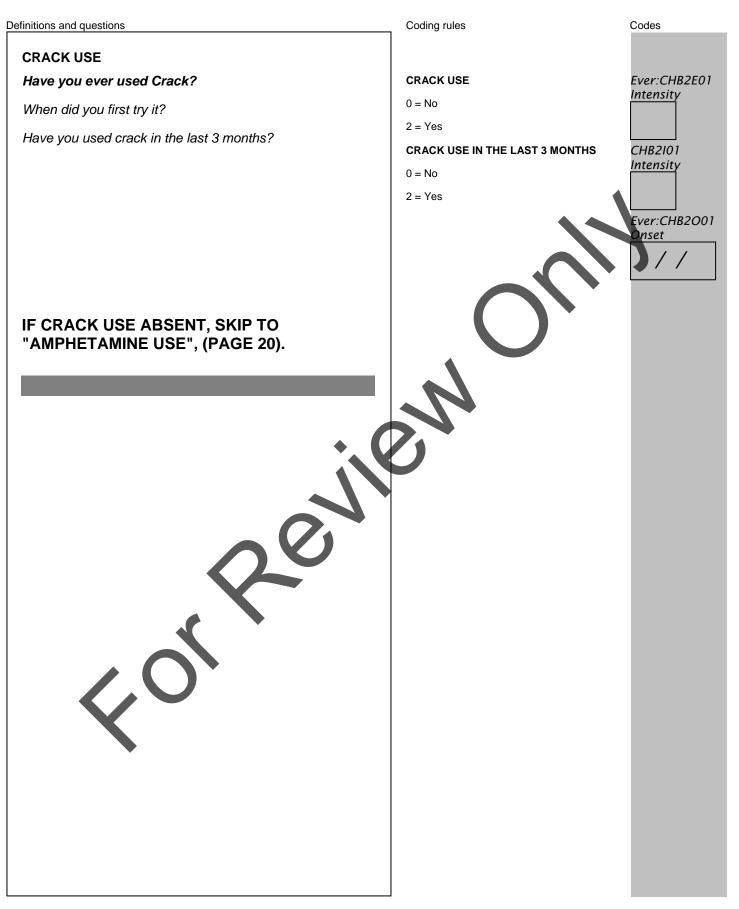
Have you ever tried cocaine?

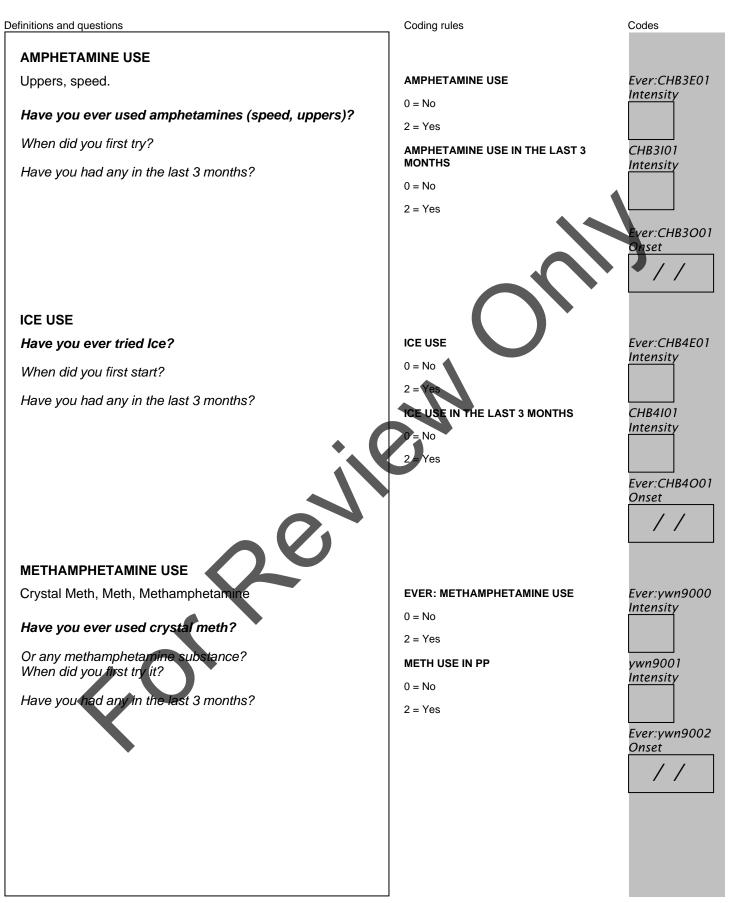
When did you first try?

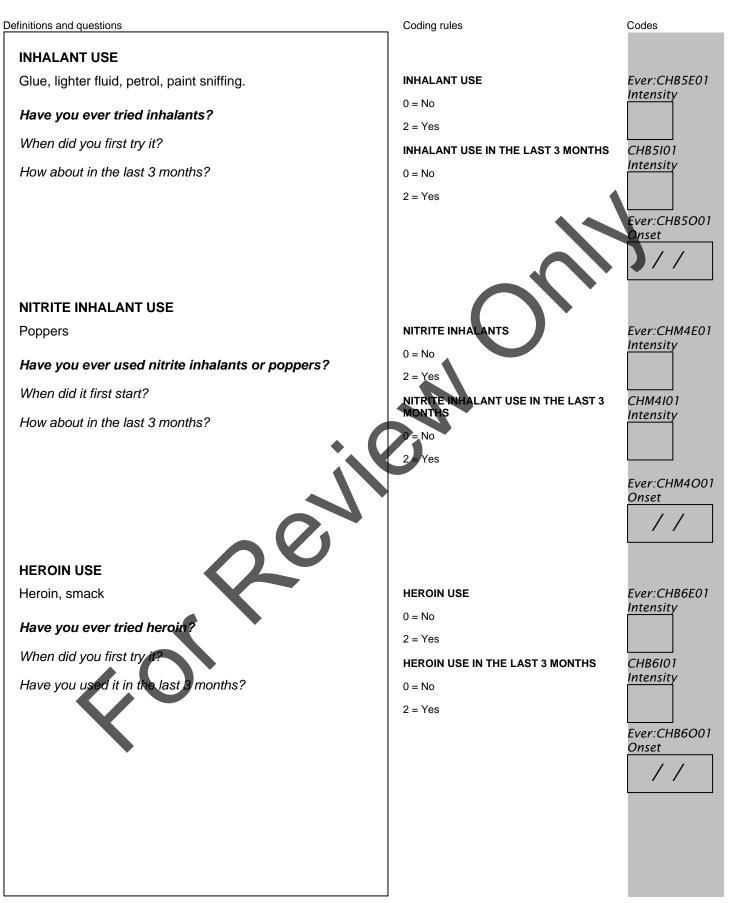
Have you used it in the last 3 months?

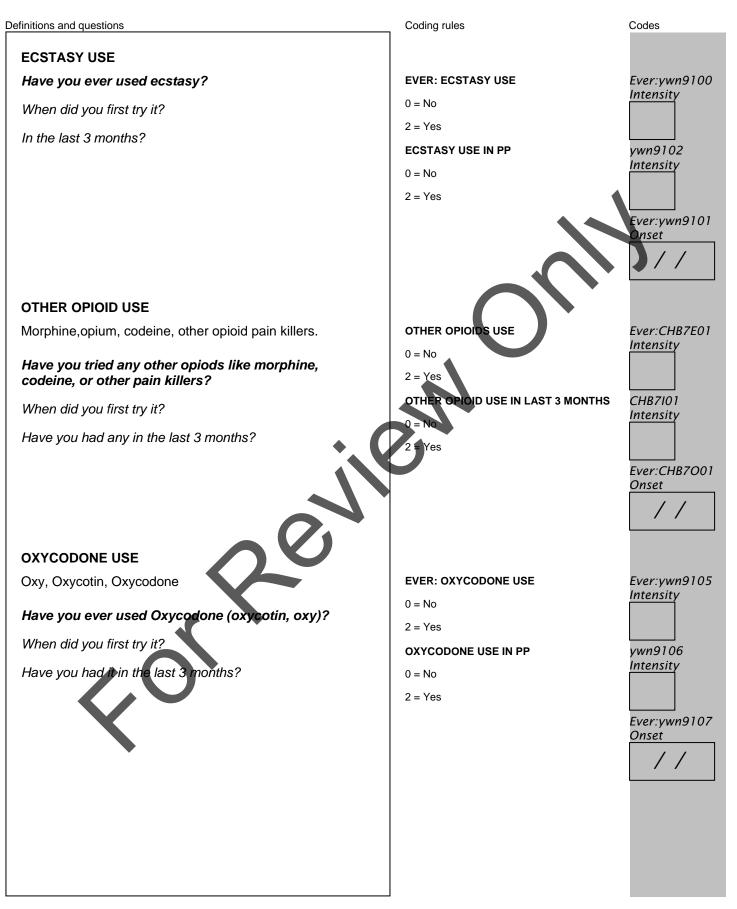
Definitions and questions

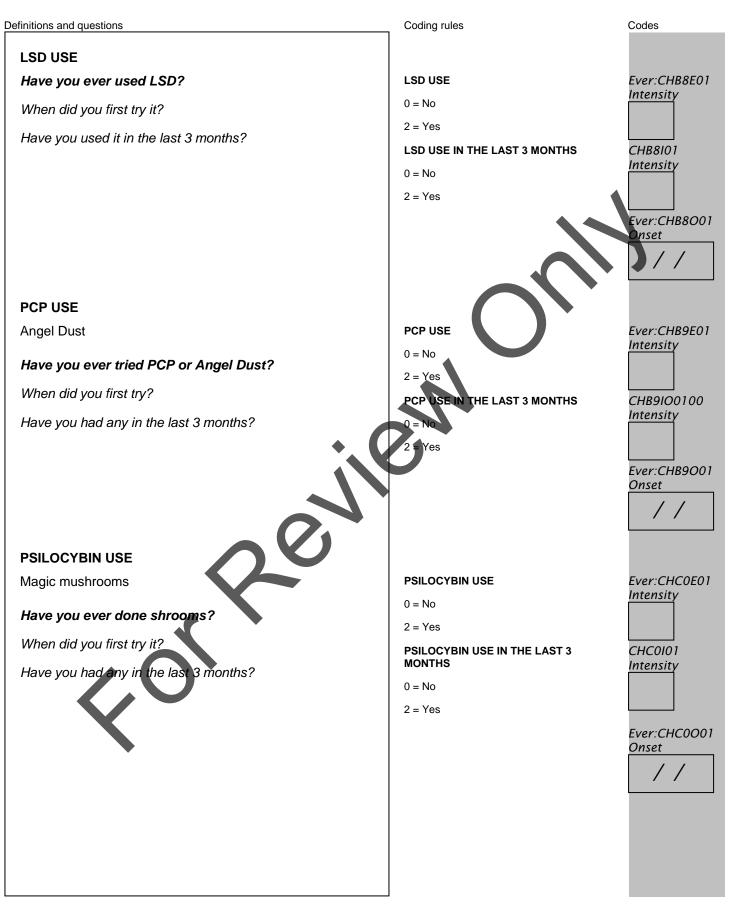


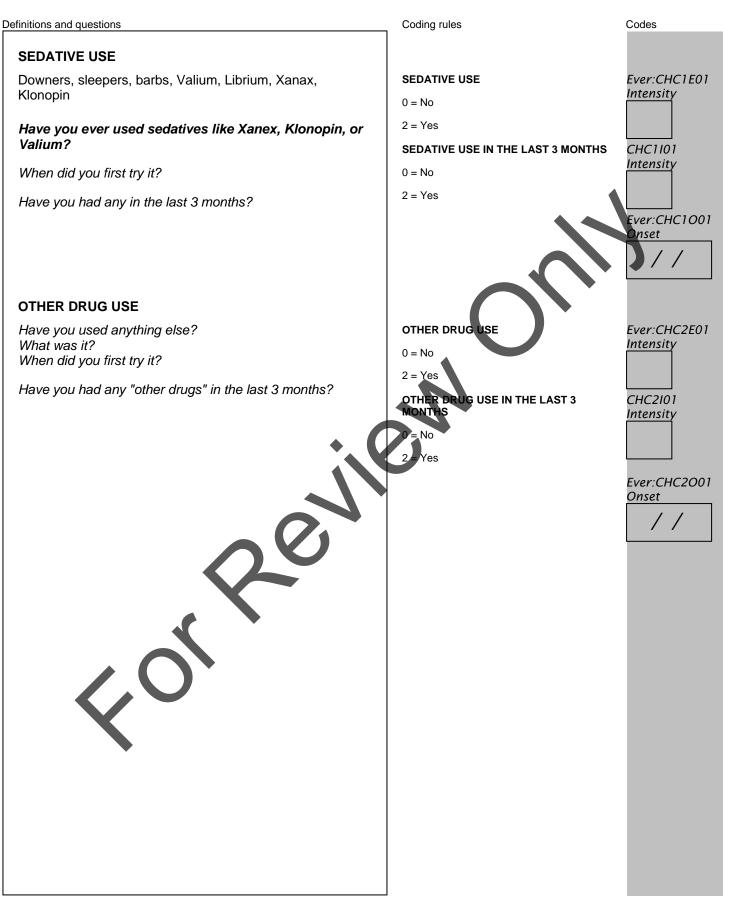


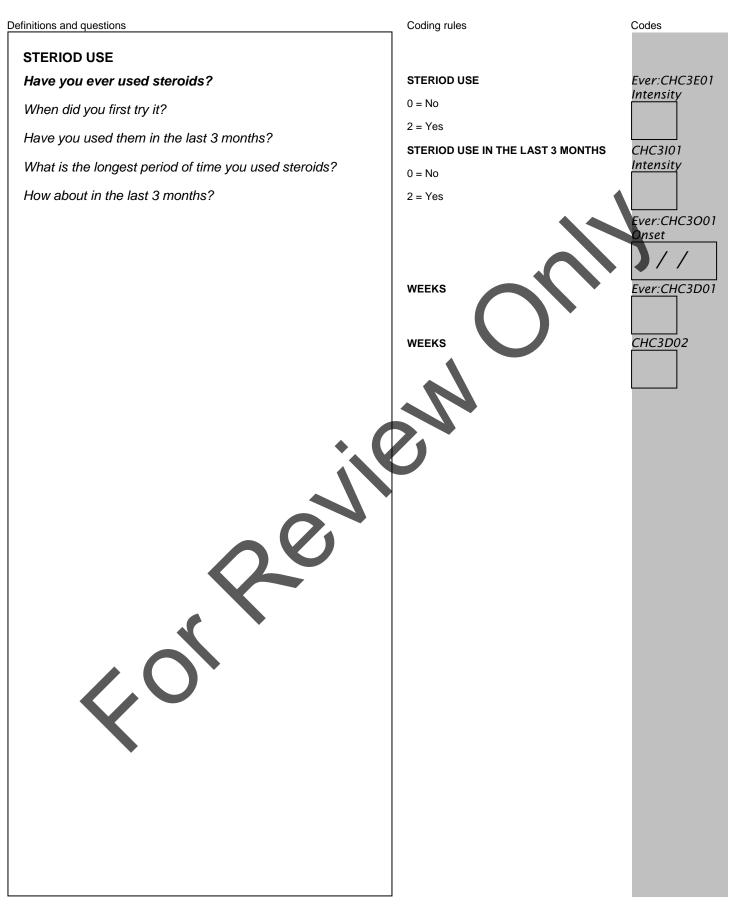












DEALING DRUGS

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, o Valium?

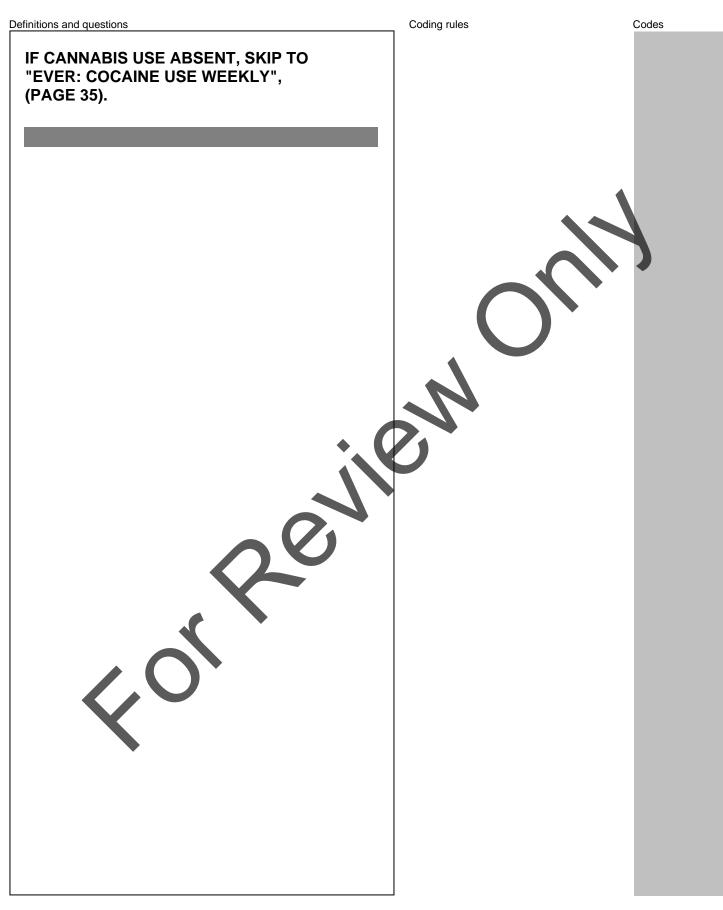
When was the first time you ever sold any type of drug?

What about in the last 3 months?

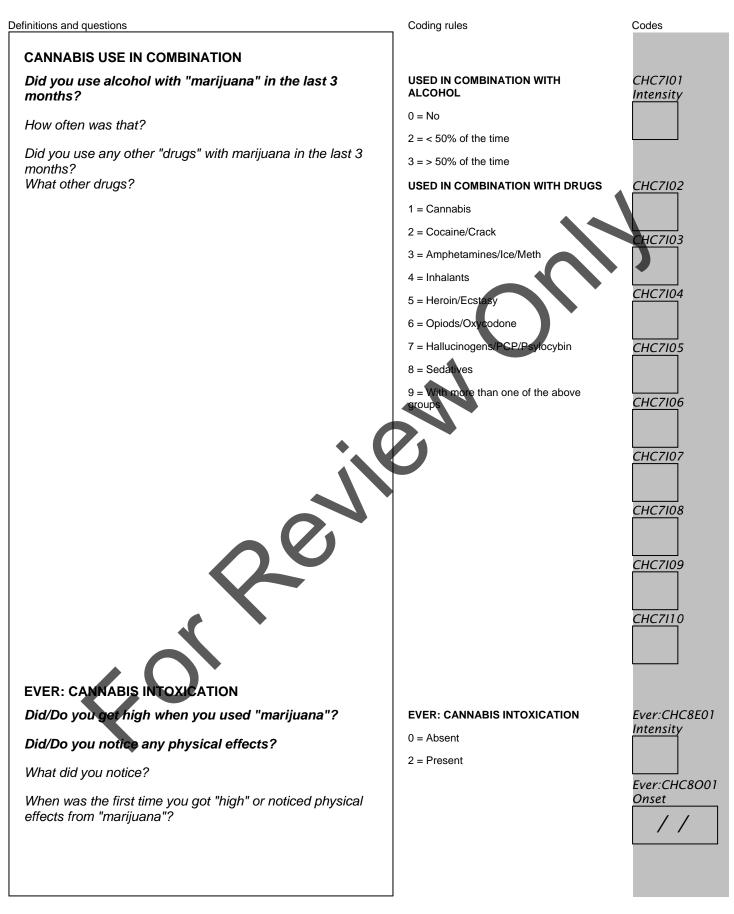
How much were the drugs worth that you sold in the last 3 months?

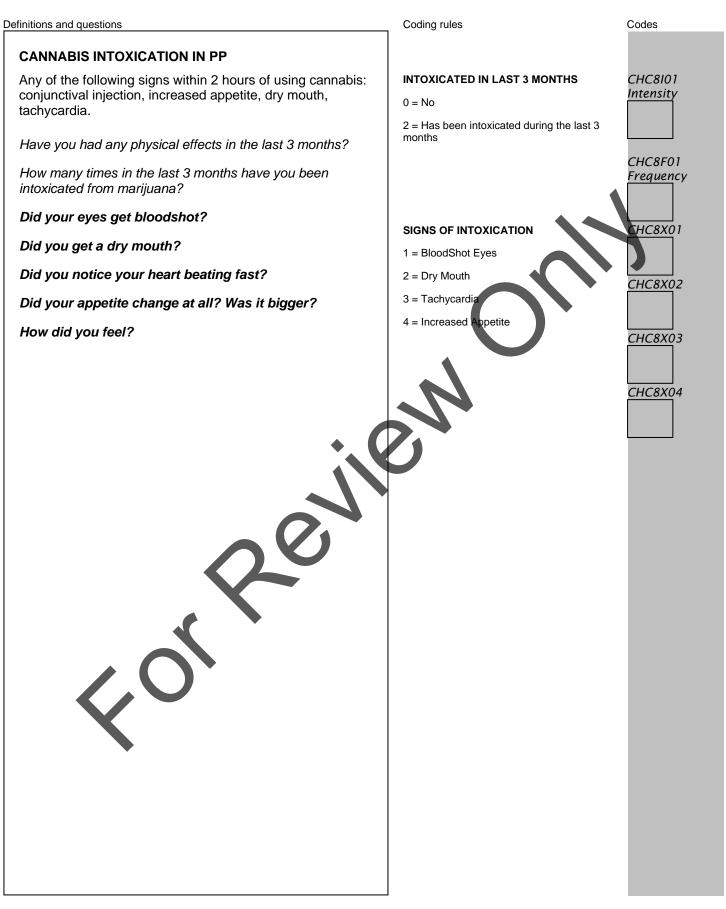
Codina rules Codes EVER SOLD DRUGS Ever:CHC4190 Intensity 0 = No2 = Yes**EVER: DEALT CANNABIS** Ever:CHC4E01 2 = 1-5 occasions only 3 = 6 or more occasions. 4 = As 3, but value of drugs> \$1,000 ov last 12 mos. EVER: DEALT COCAINE, CRACK r:CHC4E02 2 = 1-5 occasions only 3 = 6 or more occasions 4 = As 3, but value of drugs> \$1,000 over last 12 mos. EVER: AMPHETAMINES, ICE, METH Ever:CHC4E03 2 = 1-5 occasions only 6 or more occasions. = As 3, but value of drugs> \$1,000 over ast 12 mos. Ever:CHC4E04 VER: 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** Ever:CHC4E05 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** Ever:CHC4E06 2 = 1-5 occasions only 3 = 6 or more occasions. 4 = As 3, but value of drugs> \$1,000 over last 12 mos. Ever:CHC4001 Onset

Definitions and questions Coding rules Codes DEALT IN PP CHC4X02 Intensity 0 = No2 = YesCHC4101 **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. DEALT COCAINE, CRACK HC4102 2 = 1-5 occasions only 3 = 6 or more occasions. 4 = As 3, but value of drugs \$1,000 over last 12 mos. DEALT AMPHETAMINES, CE, METH CHC4103 2 = 1-5 occasions only 3 = 6 or more occasions. As 3, but value of drugs> \$1,000 over 12 mos. last DEALT HEROIN/OTHER OPIOIDS/ECSTASY/OXYCODONE CHC4104 2 = 1-5 occasions only 3 = 6 or more occasions. 4 = As 3, but value of drugs> \$1,000 over last 12 mos. **DEALT HALLUCINOGENS** CHC4105 2 = 1-5 occasions only 3 = 6 or more occasions. 4 = As 3, but value of drugs> \$1,000 over last 12 mos. DEALT SEDATIVES CHC4106 2 = 1-5 occasions only 3 = 6 or more occasions. 4 = As 3, but value of drugs> \$1,000 over last 12 mos. VALUE OF DRUGS SOLD IN LAST 3 Ever:CHC4X01 MONTHS

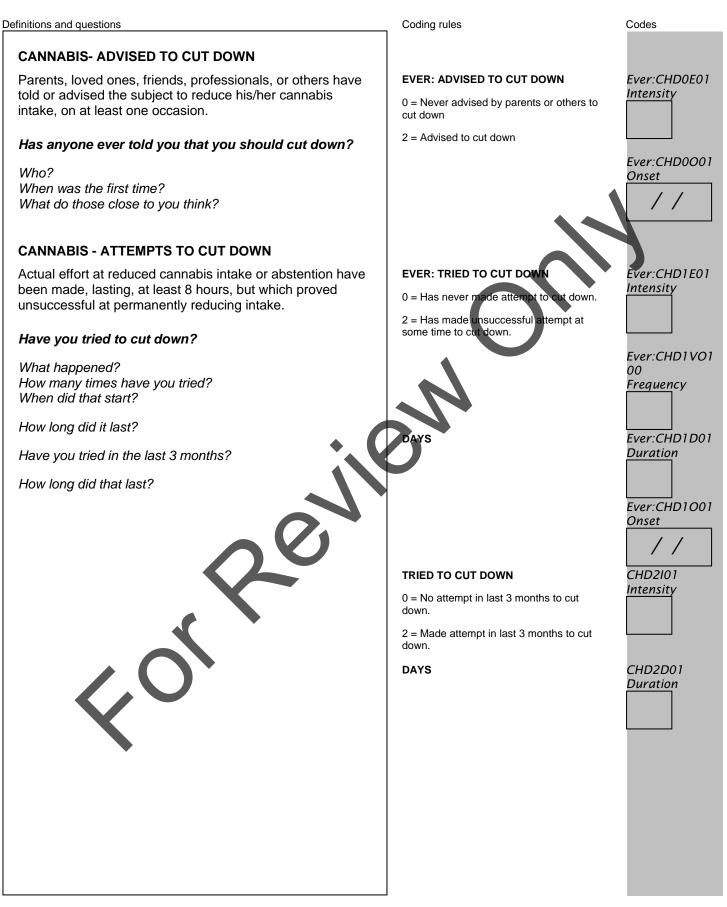


Definitions and questions	Coding rules	Codes
CANNABIS SECTION		
When questioning about drugs, substitute the name the subject uses for them.		
CANNABIS USE WEEKLY		
Earlier you said that you have smoked marijuana	EVER: USED WEEKLY (AT LEAST 1 DAY PER WEEK FOR A MONTH)	Ever:CHC5E01
Have you smoked pot as often as once a week?	0 = No	Intensity
For as much as a straight month? Have you smoked pot weekly in the last 3 months? When did that start?	2 = Yes	Ever:CHC5001 Onset
	USED WEEKLY (AT LEAST1 DAY PER WEEK FOR A MONTH) IN THE LAST 3 MONTHS 0 = No	CHC5I01 Intensity
CANNABIS USE DAILY	2 = Yes	
Have you ever used "marijuana" daily; at least 5 days a week for a month or more?	EVER: CANNABIS USE DAILY	Ever:CHC6E01 Intensity
When did you start using at that level?	2 = Present	
Have you used "marijuana" daily in the last 3 months?		Ever:CHC6001 Onset
	CANNABIS USE DAILY IN PP	CHC6I01 Intensity
	0 = Absent	
	2 = Present	





Definitions and questions	Coding rules	Codes
CANNABIS INDUCED BEHAVIORAL CHANGES		
This item applies to Cannabis use in the last 3 months.	BEHAVIORAL CHANGES: CANNABIS	JJJ0107 Intensity
Do/Did you feel really happy when you smoke(d) pot?	0 = Absent 2 = Present	Intensity
Do/Did you feel suspicious of people?	ADDITIONAL BEHAVIORAL CHANGES	СНС8Х05
Does/Did time seem to be slowed down?	1 = Euphoria	
Do/Did you feel anxious?	2 = Suspiciousness/Paranoid Ideation	<u>СНС8Х0</u> 6
<i>Did you want to be with other people or did you get withdrawn?</i>	 3 = Sensation of Slowed Time 4 = Anxiety 5 = Social Withdrawal 6 = Auditory, Tactile, or Visual Illusions 7 = Auditory, Tactile or Visual Hallicinations 8 = Delusions 	
What was that like? Did you seem to see, hear or feel strange things that weren't really happening?		СНС8Х07
Did you start to believe any strange or unusual things?		
CANNABIS - DESIRE TO CUT DOWN The subject has at certain times felt that s/he would like to reduce his/her cannabis intake. There is no requirement that s/he should have actually done so.	EVER: DESIRE TO CUT DOWN 0 = No desire to cut down	CHC8X09 CHC8X10 CHC8X11 CHC8X12 CHC8X12 Ever:CHC9E01 Intensity
Do you want to cut down on how much "marijuana" you smoke? When was the first time you thought you wanted to cut down?	2 = Wishes to cut down	Ever:CHC9001 Onset



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?

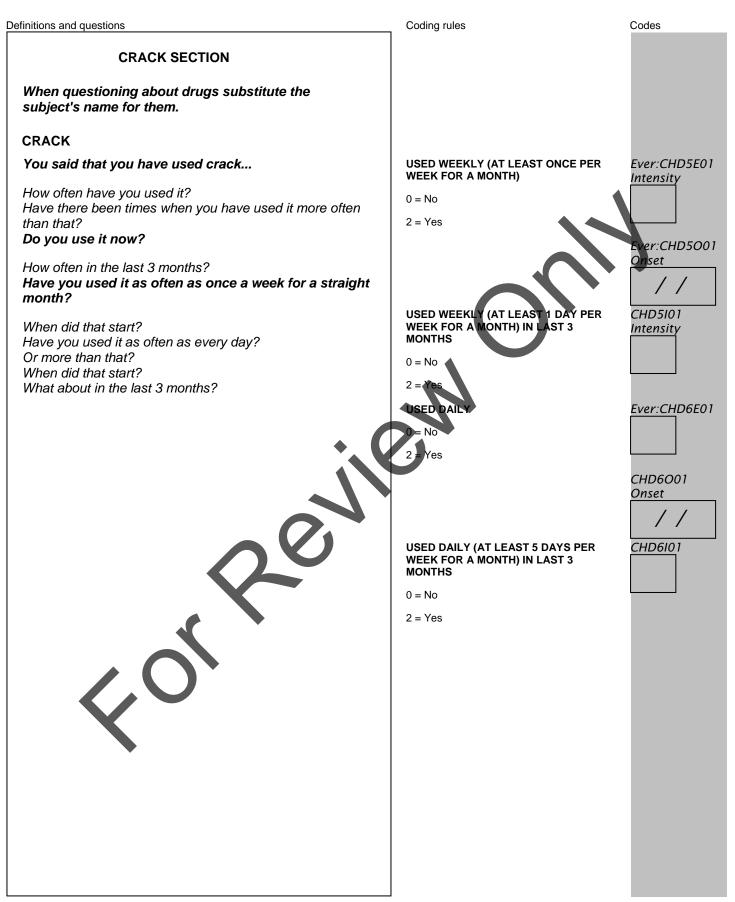
Did your hands shake? Did you have nausea or vomiting? Were you sweating more or having a rapid heartbeat? Did you have headache, stomachache, or trouble sleeping? Do you smoke pot or use some other substance to make those "symptoms" go away?

When was the first time you noticed these "symptoms" when you tried to cut down?

IF COCAINE/CRACK USE ABSENT, SKIP TO "AMPHETAMINE", (PAGE 45).

 Coding rules	Codes
 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. 	ywn0111 Intensity
	ywn0112 Onset
CANNABIS WITHDRAWAL 0 = Withdrawal symptoms absent 2 = Withdrawal symptoms present	ywn0113 Intensity
6	ywn0114 Onset ///

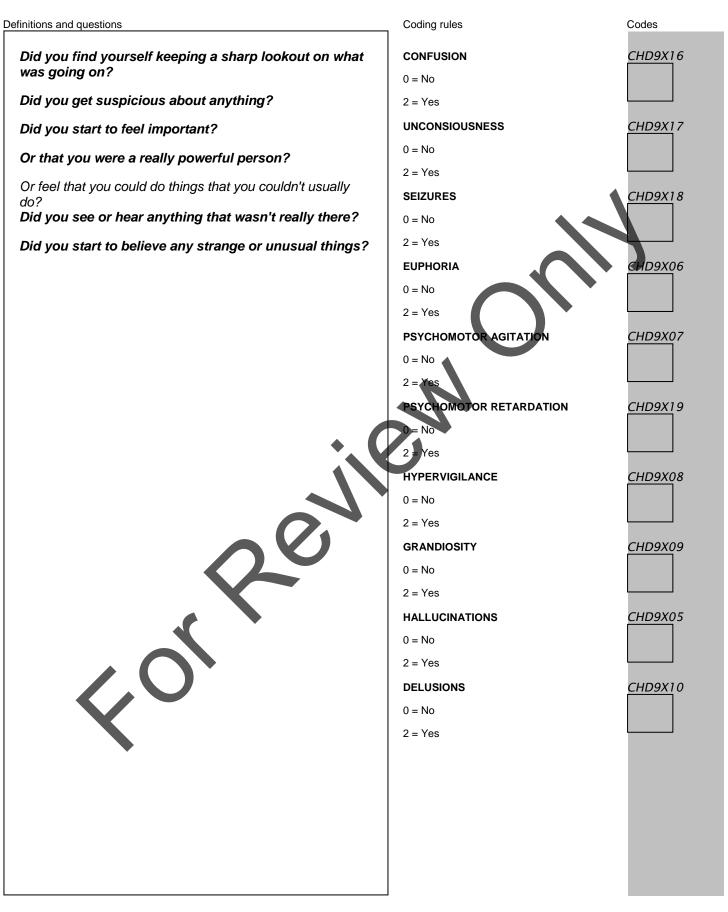
Definitions and questions Coding rules Codes **COCAINE SECTION** When questioning about drugs substitute the subject's name for them. **EVER: COCAINE USE WEEKLY** You said you have used cocaine before ... **EVER: USED WEEKLY** Ever:CHD3E01 Intensity 0 = NoHow often have you used it? Have there been times when you have used it more than 2 = Yesthat? er:CHD3001 Have you ever used it as often as once a week? iset When did that start? USED WEEKLY IN THE LAST MONTHS CHD3101 Intensity 0 = No2 = Yes**COCAINE USE DAILY** EVER: COCAINE USE DAILY Ever:CHD4E01 Have you ever used cocaine on a daily basis? Intensity = Absent Have you used cocaine for at least 5 days a week fora month or more? Present Ever:CHD4O01 When did you start using at that level? Onset Have you used cocaine daily in the last 3 month / / COCAINE USE DAILY IN PP CHD4101 Intensity 0 = Absent 2 = Present

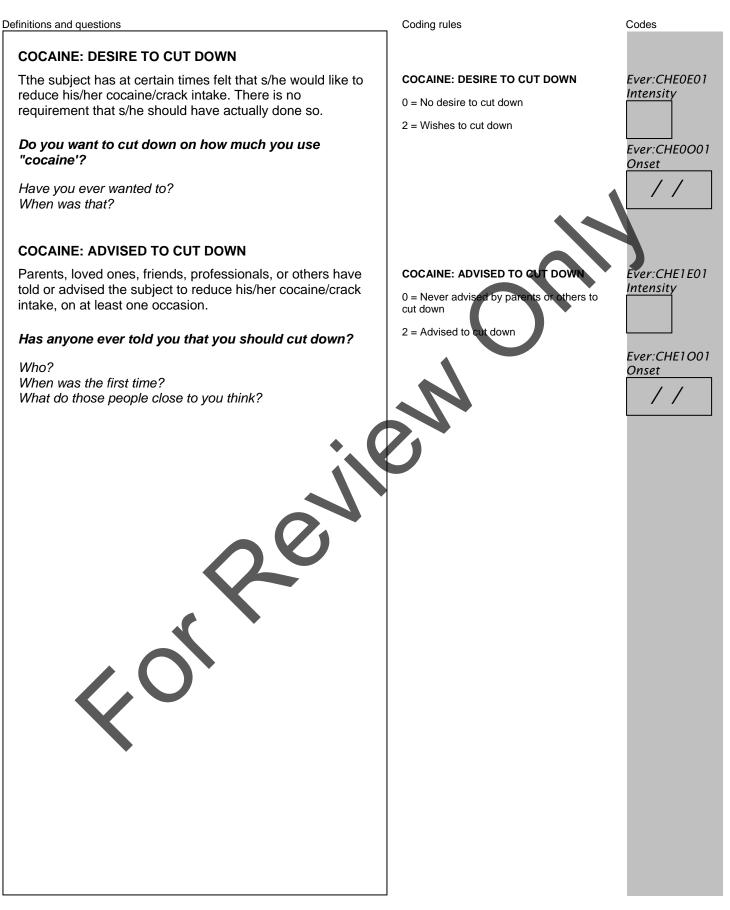


Definitions and questions Coding rules Codes MODE OF ADMINISTRATION (COCAINE/CRACK) Code the manner in which the drug has been administered during the last three months. If more than one method has been used, code them all. NOTE LIFETIME CODING FOR **INJECTING/SHARING NEEDLES COCAINE/CRACK ADMINISTRATION** MODE OF ADMINSTRATION er:CHD7X01 How do you use it? (COCAINE/CRACK) Intensity What about snorting it? 0 = NoDo you smoke it? 2 = YesWhat about freebasing? Have you injected it? COCAINE/ CRACK ADMINISTRATION Ever:CHD7I01 METHODS What about during the last 3 months? Have you shared a needle with anyone? 1 = Oral Ever:CHD7I02 Did you do anything to clean the needle? What did you do? ased Snorted Ever:CHD7I03 Injected: Subcutaneous/IM 6 = Injected: IV Ever:CHD7I04 Specify Ever:CHD7I05 Ever:CHD7I06 SHARED NEEDLES Ever:CHD7E03 0 = No2 = Yes, with attempt at hygienic precautions 3 = Yes, without attempt at hygienic precautions

Definitions and questions	Coding rules	Codes
COCAINE/CRACK USE IN COMBINATION		
<i>Did you use anything else with "cocaine" in the last 3 months?</i>	USED IN COMBINATION WITH ALCOHOL	<u>CHD8101</u>
What?	0 = No	
What about alcohol?	2 = < 50% of the time	
How often was that? When did that start?	3 = > 50% of the time	
What other drugs have you used with cocaine/crack in the	USED IN COMBINATION WITH DRUGS	CHD8X01
last 3 months?	0 = No	Intensity
	2 = Yes	
	COCAINE/CRACK USED IN COMBINATION WITH OTHER DRUGS	CHD8102
	1 = Cannabis	
	2 = Cocaine/C ra ck	CHD8103
	3 = Amphetamines/Ice/Meth	
	4 = Inhalants	<u>CHD8I04</u>
	5 = Heroin/Ecstasy	
	6 = Opiods/Oxycodone	 CHD8I05
	7 = Hallucinogens/PCP/Psylocybin	
	8 = Sedatives	
	9 = With more than one of the above groups	CHD8106
	Specify	
		CHD8107
$\sim \circ$		
		 CHD8I08
		CHD8109
		CHD8110
•		
	1	

initions and questions	Coding rules	Codes
COCAINE INTOXICATION		
Any of the following signs within 2 hours of using cocaine:	COCAINE INTOXICATION	Ever:CHD9E0
tachycardia, pupillary dilation, perspriation or chills, nausea	0 = No	Intensity
or vomiting, agitation or retardation, chest pains, confusion or seizures, unconsciousness or neuromuscular problems.	2 = Has been intoxicated at some time	
		Ever:CHD900
Do you get high when you use "cocaine"?		Onset
What is that like?		
Have you ever noticed any physical effects when you used "cocaine"?	INTOXICATED IN LAST 3 MONTHS	CHD9I01
	$0 = N_0$	Intensity
Or have any chills?	2 = Has been intoxicated during the last 3	
What did you notice?	months	
When did you first notice that? What about during the last 3 months?		CHD9F01
How often?		Frequency
Did you notice your heart beating fast?		
Did your heart beat irregularly?	TACHYCARDIA/ARRHYTHMIA	CHD9X01
Did you get any chest pain?	0 = No	
Did you feel nauseous ?	2 - Yes CHEST PAIN	СНD9Х11
Or vomit?	0 = No	
Did you get sweaty?	2 = Yes	
Or have any chills?	NAUSEA/VOMITING	CHD9X02
Did anyone notice that your pupils were bigger than	0 = No	
usual?	2 = Yes	
Did you notice any problems with your movements?	SWEATING	CHD9X03
Like not being able to control your movements properly?	0 = No	
Did you get delirious on "cocaine"?	2 = Yes	
Did you pass out?	CHILLS	СНD9Х13
Did you have a fit or seizure?	0 = No	
	2 = Yes	
How did you feel?	PUPILLARY DILATION	CHD9X04
Do you feel really happy?	0 = No	
Did you get agitated?	2 = Yes	
Or get slowed down in your movements?	NEUROMUSCULAR PROBLEMS	<u>CHD9X1</u> 5
What was that like?	0 = No	
Were you moving around a lot?	2 = Yes	
Did you feel nervous or worried about what was going on around you?		





Definitions and questions Coding rules Codes COCAINE: ATTEMPTS TO CUT DOWN Actual effort at reduced cocaine/crack intake or abstention COCAINE: TRIED TO CUT DOWN Ever:CHE2E01 made, lasting at least 8 hours, but which proved Intensity 0 = Has never made attempt to cut down. unsuccessful at permanently reducing intake. 2 = Has made unsuccessful attempt at some time to cut down. Have you ever tried to cut down? Ever:CHE2V01 Why was that? Frequency How many times have you tried? When was the first time? What about during the last 3 months? DAYS ver:CHE2D01 How long did it last? uration D Ever:CHE2O01 Onset TRIED TO CUT DOWN IN LAST THREE CHE3101 MONTHS Intensity npt in last 3 months to cut = No atte Made attempt in last 3 months to cut DAYS CHE3D01 Duration

| |

Definitions and questions Coding rules Codes **COCAINE WITHDRAWAL** COCAINE WITHDRAWAL Ever:CHE4X01 To be considered symptoms of withdrawal, the following symptoms must have occurred within 8 hours of ending (or Intensity 0 = Absent reducing the amount of cocaine ingested during) a period of heavy ingestion of cocaine/crack (that lasted at least 3 2 = Present days). LAST 3 MONTHS CHE4X02 Intensity 0 = Absent What happens if you cut down on your "cocaine" use? 2 = Present Tell me about the last time you cut down. Did you notice any physical symptoms? FATIGUE CHE4101 0 = Absent What happened? Did you use cocaine or other substances to get the 2 = Tiredness or lassitude to a degr greater than normal symptoms to go away? Did it work? INSOMNIA CHE4102 What happened then? When you cut down did you feel tired? 0 = Absent 2 = If the insomnia covers period between Was it bad enough to interfere with what you wanted to do? 1 and 2 hours. Could you do anything or did you take anything to get 3 = 1 its duration is greater than or equal to yourself going? 2 hours per night. Did it affect your sleep? HYPERSOMNIA CHE4105 Did it affect your dreams? 0 - Absent Or your appetite? Hypersomnia occurs in at least 2 activities and is at least sometimes Were you slowed down in your movements? uncontrollable. Or did you move around alot? 3 = Hypersomnia occurs in nearly all activities and is nearly always uncontrollable. Did you have an increase in anxiety or depr ession or irritability? CHE4106 UNPLEASANT DREAMS 2 = Unpleasant Dreams 3 = Nightmares **INCREASED APPETITE** CHE4107 0 = No2 = Yes**PSYCHOMOTOR RETARDATION OR** CHE4103 AGITATION 0 = No2 = YesDYSPHORIC MOOD CHE4104 0 = Absent2 = Increased depression and/or irritability and/or anxiety

IF AMPHETAMINE/ICE/METH USE ABSENT, SKIP TO "INHALANT", (PAGE 58).

Tobacco, Alcohol, and Drugs

Coding rules

Codes

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.	EVER: USED WEEKLY 0 = No	Ever:CHE5E01 Intensity
You said that you have used amphetamines	2 = Yes	
How often have you used it?		Ever:CHE5O01 Onset
Have you ever used amphetamines as often as once per week for a month?		11
When did that start? Have you ever used amphetamines on a daily basis?	USED WEEKLY IN LAST 3 MONTHS 0 = No	CHE5I01 Intensity
For how long? Have you used at a level of 5 days a week for a month or more?	2 = Yes EVER: USED DAILY 0 = No	Ever:CHE6E01
When did that start? How often have you used in the last 3 months?	2 = Yes	CHE6O01 Onset
	used Daily in Last 3 Months 9 = No 2 = Yes	CHE6I01

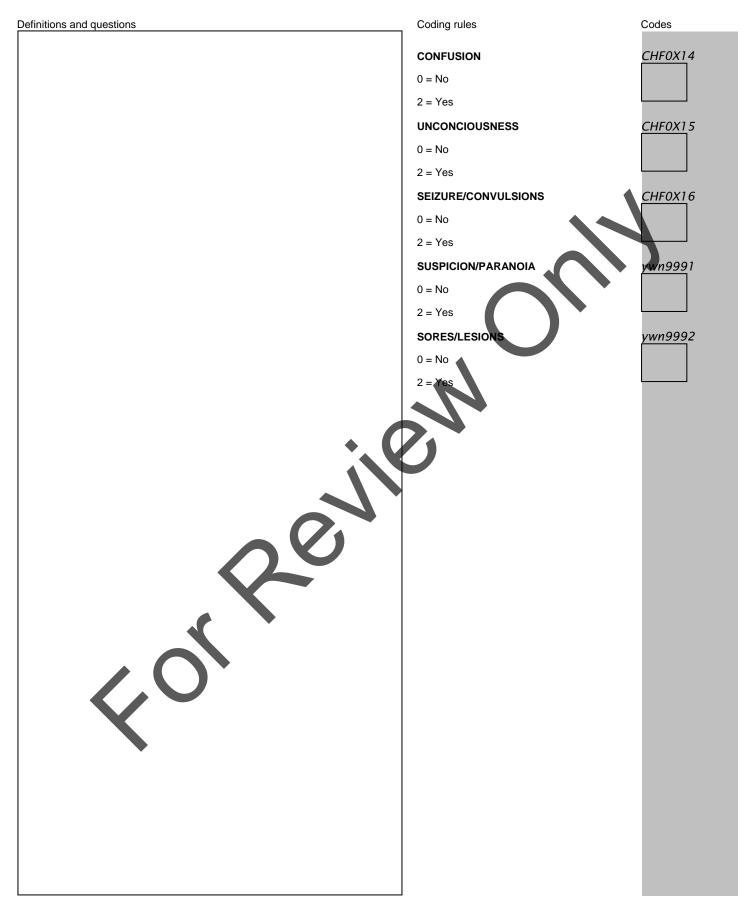
Definitions and questions	Coding rules	Codes
ICE		
IF SUBJECT DID NOT USE "ICE", MARK AS STRUCTURALLY MISSING. Have you ever used Ice as often as once per week for a month?	EVER: USED WEEKLY 0 = No 2 = Yes	Ever:CHE7E01 Intensity
When did that start? Have you ever used Ice daily?		Ever:CHE7O01 Onset
For 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?	USED WEEKLY IN LAST 3 MONTHS 0 = No 2 = Yes EVER: USED DAILY	CHE7I01 Intensity Ever:CHE8E01
	0 = No 2 = Yes	CHE8001 Onset
	USED DAILY IN LAST 3 MONTHS 0 = No 2 = Yes	/ / CHE8I01

Definitions and questions	Coding rules	Codes
METHAMPHETAMINE		
IF SUBJECT DID NOT USE METHAMPHETAMINE, MARK	EVER: USED WEEKLY	Ever:ywn0200
AS STRUCTURALLY MISSING.	0 = No	Intensity
<i>Have you used methamphetamines as often as once a week for a month or more?</i>	2 = Yes	Ever:ywn0201
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		Onset
for a month or more?	USED WEEKLY IN LAST 3 MONTHS	ywn0202
When did that start?	0 = No	Intensity
How often have you used meth in the last 3 months?	2 = Yes	
	EVER: USED DAILY	Ever:ywn0331
	2 = Yes	
		ywn0301 Oracet
		Onset
	USED DAILY IN LAST THREE MONTHS	ywn0302
	0 = No	
	2 = Yes	
~ 0		

Definitions and questions Coding rules Codes MODE OF ADMINISTRATION (AMPHETAMINE/ICE/METHAMPHETAMINE) **ADMINISTRATION** (AMPHETAMINE/ICE/METHAMPHETAMINE) Code the manner in which the drug has been administered **USE OF AMPHETAMINES/ICE/METH IN** CHE9X01 PP during the last three months. If more than one method has Intensity been used, code them all, 0 = No2 = YesNOTE: LIFETIME CODING FOR INJECTING/SHARING NEEDLES. CHE9101 ORAL 0 = NoN.B. ASK IF PILLS HAVE BEEN CRUSHED, DISSOLVED, 2 = YesOR SUSPENDED, AND THEN INJECTED. INHALED CHE9102 You said that you have used amphetamines/ice/meth in 0 = Nothe last 3 months, now I am going to ask you a little more about that. 2 = YesHow did you take it? EVER: INJECTED: SUBCUTANEOUS/IM CHE9E01 0 = NoWas it a pill that you swallowed? Did you inhale it? Have you ever injected it? INJECTED IN LAST 3 MONTHS: SUBCUTANEOUS/IM CHE9103 What about in the last 3 months? Did you inject it into the muscle or into a vein? No Did you ever share a needle with anyone? 2 = YesDid you do anything to clean the needle? What? **EVER: INJECTED: IV** CHE9E02 Have you shared a needle in the last 3 month 0 = No2 = Yes**INJECTED IN LAST 3 MONTHS: IV** CHE9104 0 = No2 = Yes**EVER: SHARED NEEDLES** CHE9E03 0 = No2 = Yes, with attempt at hygienic precautions 3 = Yes, without attempt at hygienic precautions

Definitions and questions	Coding rules	Codes
USE IN COMBINATION (AMPHETAMINE/ICE/METH)		
<i>Did you use anything else when you used amphetamines, ice or meth in the last 3 months?</i>	USED IN COMBINATION PP 0 = No	CHE9X05 Intensity
What was it?	2 = Yes	
What about alcohol? Did you use something else with it more or less than 50% of the time?	USED IN COMBINATION WITH ALCOHOL	CHE9I05
	0 = No	
	2 = < 50% of the time	
	3 = > 50% of the time	
	USED IN COMBINATION WITH DRUGS	СНЕ9106
	1 = Cannabis	
	2 = Cocaine/Crack] CHE9I07
	3 = Amphetamines/Ice/Meth	
	4 = Inhalants	
	5 = Heroin/Ecstasy	CHE9I08
	6 = Opiods/Oxycodone	
•	= Hallucinogens/PCP/Psylocybin	CHE9109
	8 = Sedatives	
	9 = With more than one of the above groups	<u>CHE9I10</u>
		 CHE9I1 1
		CHE9I12
		CHE9113
] CHE9I14

efinitions and questions	Coding rules	Codes
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.	EVER: INTOXICATED 0 = No 2 = Has been intoxicated at some time	Ever:CHF0E01 Intensity Ever:CHF0O01 Onset
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?	INTOXICATED IN LAST 3 MONTHS 0 = No 2 = Has been intoxicated during the last 3 months	CHF0I01 Intensity CHF0F01 Frequency
Did you get any chest pain?	TACHYCARDIA/ARRHYTHMIA	CHF0X01
Did you feel nauseous?	0 = No	
Did you vomit?	2 - Yes CHEST PAIN	 CHF0X12
Did you get sweaty?	0 = No	
Or have chills?	2 = Yes	
Did anyone notice that your pupils were bigger than usual?	NAUSEA/VOMITING 0 = No	CHF0X05
Did you notice any problems with your movements?	2 = Yes SWEATING	СНҒ0Х03
Like not being able to control your movements properly? Did you get delirious on "amphetamines, ice or meth"?	0 = No	
Did you pass out?	2 = Yes	
Did you have a seizure or convulsions?	CHILLS	CHF0X04
Did you become suspicious or paranoid around other people?	0 = No 2 = Yes	
Did you get sores on your face or skin?	PUPILLARY DILATION 0 = No	CHF0X02
	2 = Yes	
		CHF0X13
	0 = No 2 = Yes	



Definitions and questions	Coding rules	Codes
AMPHETAMINE INDUCED BEHAVIORAL CHANGES		
CODE FOR THE PAST 3 MONTHS.	BEHAVIORAL CHANGES IN PP	CHF0199
IF THE SUBJECT HAS BEEN HYPERVIGILANT, UNDULY	0 = Absent	Intensity
SUSPICIOUS, AGITATED, OR GRANDIOSE, PROBE FOR DELUSIONAL SYNDROME.	2 = Present	
	EUPHORIA 0 = No	CHF0X06
MAKE A NOTE HERE THAT AMPHETAMINE/ICE/METH ABUSE HAS BEEN PRECIPITANT OF PSYCHOTIC	2 = Yes	
SYMPTOMS.	PSYCHOMOTOR AGITATION	CHF0X07
How did you feel?	0 = No	
Did you feel really happy?	2 = Yes	
Did you get agitated?	PSYCHOMOTOR RETARDATION	CHF0X17
Or get slowed down in your movements?	0 = No 2 = Yes	
What was that like? Were you moving around alot or having trouble keeping still?	HYPERVIGILANCE	CHF0X08
Did you feel nervous or worried about what was going on around you?	0 = No 2 = Yes GRANDIOSITY	
Did you feel that something bad might be going on?	0 = No	
Did you keep a sharp lookout for what was going on? Did you start to feel really important?	2 = Yes HALLUCINATIONS	 CHF0X10
Or that you were more powerful than usual and could do unusual things?	0 = No 2 = Yes	
Did you see or hear anything that wasn't really there?	DELUSIONS	<u>CHF0X1</u> 1
Did you start to believe any strange or unusual things?	0 = No	
	2 = Yes	
	-	

IF THE SUBJECT HAS BEEN HYPERVIGILANT, UNDULY SUSPICIOUS, AGITATED, OR **GRANDIOSE, PROBE FOR DELUSIONAL SYNDROME. MAKE A** NOTE HERE THAT AMPHETAMINE ABUSE HAS BEEN PRECIPITANT OF **PSYCHOTIC SYMPTOMS. IF DURING** THE LAST 3 MONTHS SUBJECT HAS **USED SUBSTANCE DAILY FOR ANY 5** DAY PERIOD, OR HAS USED AT LEAST **10 DAYS, OR BEEN INTOXICATED AT** LEAST 2 TIMES, COMPLETE DESIRE TO CUT DOWN AND MALADAPTIVE **BEHAVIOR. EVIDENCE OF** ADDITIONAL BEHAVIORAL CHANGE(S) ALSO REQUIRES COMPLETION OF MALADAPTIVE BEHAVIOR SECTION. OTHERWISE, SKIP TO NEXT DRUG. **IF IF DURING THE LAST 3 MONTHS** SUBJECT HAS USED AMPHETAMINE DAILY...OTHERWISE, SKIP TO "INHALANT", (PAGE 58).

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?

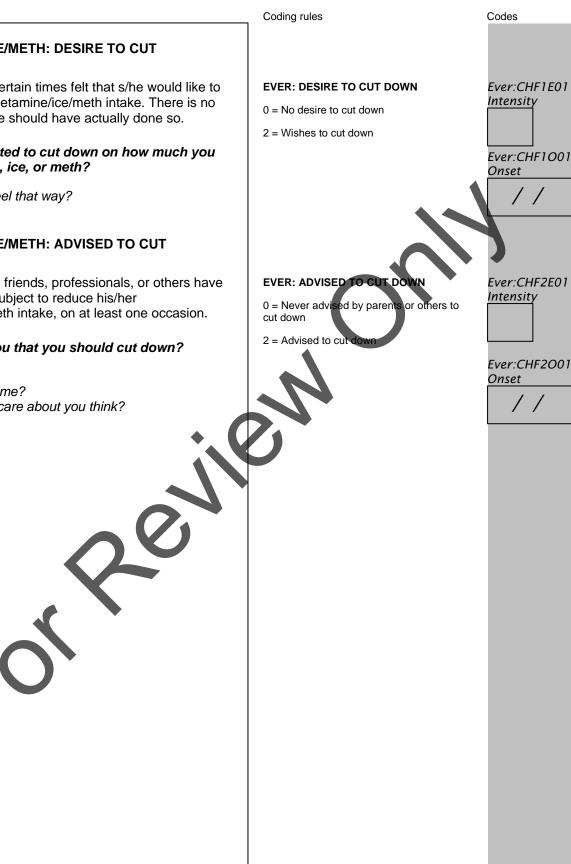
When did you first feel that way?

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?



AMPHETAMINE/ICE/METH: ATTEMP DOWN

Actual effort at reduced amphetamine, i or abstention made, lasting at least 8 ho proved unsuccessful at permanently rec

Have you ever actually tried to cut do

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?

d questions	Coding rules	Codes
TAMINE/ICE/METH: ATTEMPTS TO CUT		
ffort at reduced amphetamine, ice, or meth intake ntion made, lasting at least 8 hours, but which unsuccessful at permanently reducing intake.	EVER: TRIED TO CUT DOWN 0 = Has never made attempt to cut down. 2 = Has made unsuccessful attempt at some time to cut down.	Ever:CHF3E01 Intensity
appened? any times have you tried? ras the first time? ou tried in the last 3 months? r long did you cut down?	DAYS	Ever:CHF3V01 Frequency Ever:CHF3D01 Duration
	O'	Ever:CHF3O01 Onset
•. 6	 TRIED TO CUT DOWN IN PP 0 = No attempt in last 3 months to cut down. 2 = Made attempt in last 3 months to cut down. 	CHF4I01 Intensity
	DAYS	CHF4D01 Duration

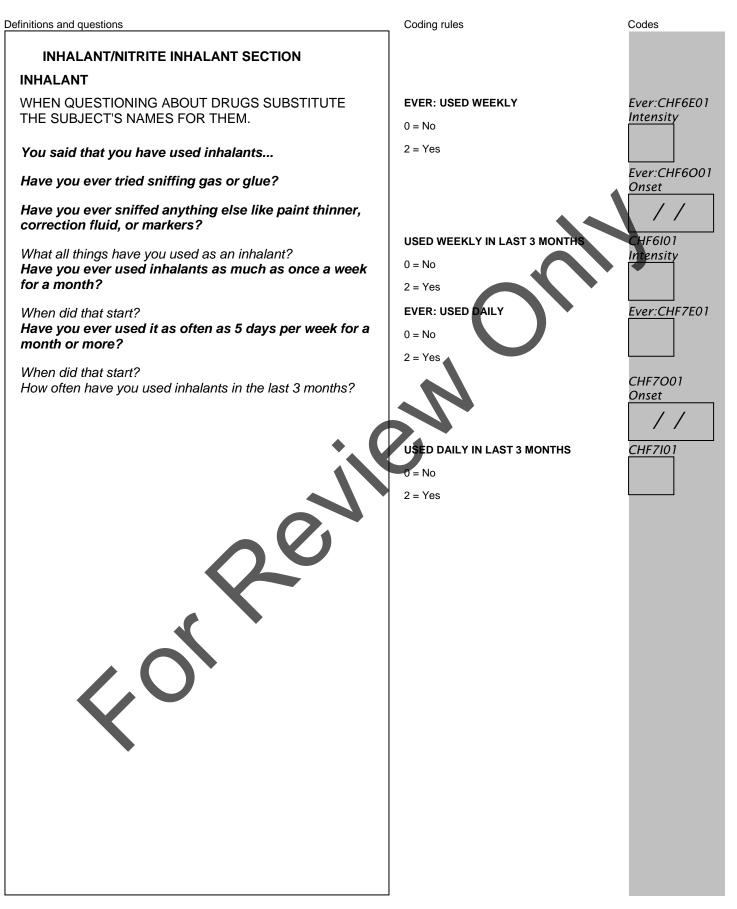
initions and questions	Coding rules	Codes
AMPHETAMINE/ICE/METH WITHDRAWAL		
To be considered symptoms of withdrawal, the following	AMPHETAMINE WITHDRAWAL	CHF5X0
symptoms must have occurred within 8 hours of ending (or reducing the amount of amphetamine, ice, or meth	0 = No	Intensit
ingested during) a period of heavy ingestion of	2 = Yes	
amphetamine, ice or meth (that lasted at least 3 days).	FATIGUE	CHF5I0
What happens if you cut down on your amphetamines, ice, or meth?	0 = Absent	
ice, of meur?	2 = Tiredness or lassitude to a degree greater than normal	
Tell me about the last time you cut down. Did you notice any physical symptoms?	INSOMNIA	<u>CHF510</u>
What happened?	0 = Absent	
Did you use amphetamines to make the "symptoms" go away?	2 = If the insomnia covers a period between 1 and 2 hours.	
Did it work? When you cut down, did you feel tired?	3 = If its duration is greater than or equal to 2 hours per night.	
Did it interfere with what you wanted to do?	HYPERSOMNIA	CHF5I0
Could you do anything to get yourself going? Did it affect your sleep?	0 = Absent	
In what way? Did it affect your dreams?	2 = Hypersonnia occurs in at least 2 activities and is at least sometimes uncontrollable.	
•	3 - Hypersomnia occurs in nearly all	
Or your appetite?	activities and is nearly always uncontrollable.	
Were you slowed down in your movements?	UNPLEASANT DREAMS	CHF5I0
Or did you move around alot?	2 = Unpleasant Dreams	
Did you notice that you were more depressed or	3 = Nightmares	
irritable than usual?	INCREASED APPETITE	CHF510
	0 = No	
	2 = Yes	
	PSYCHOMOTOR RETARDATION OR AGITATION	CHF510
	0 = No	
	2 = Yes	
	DYSPHORIC MOOD	CHF5I0
	0 = Absent	
▼	2 = Increased depression and/or irritability and/or anxiety	
IF INHALENT/NITRITE INHALENT USE		
ABSENT, SKIP TO "HEROIN/ECSTASY", (PAGE 68).		

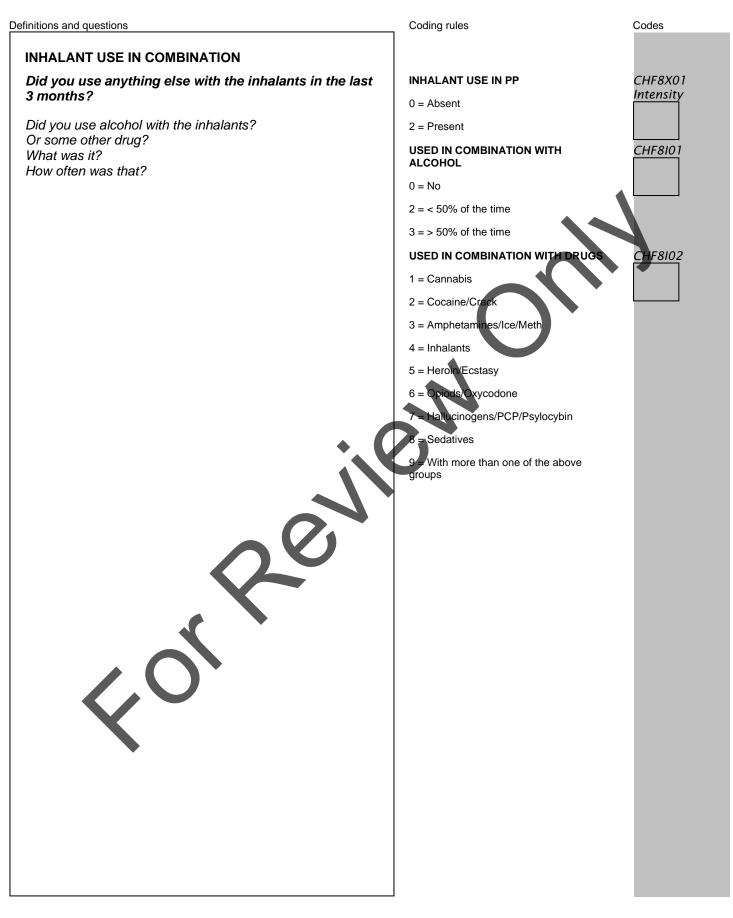
Definitions and questions Coding rules

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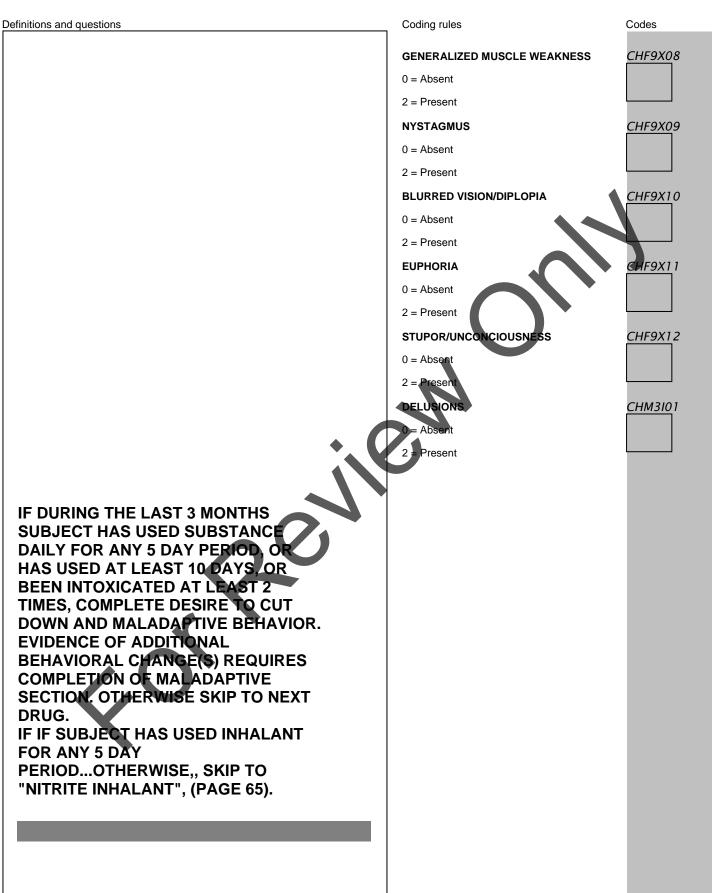


Codes

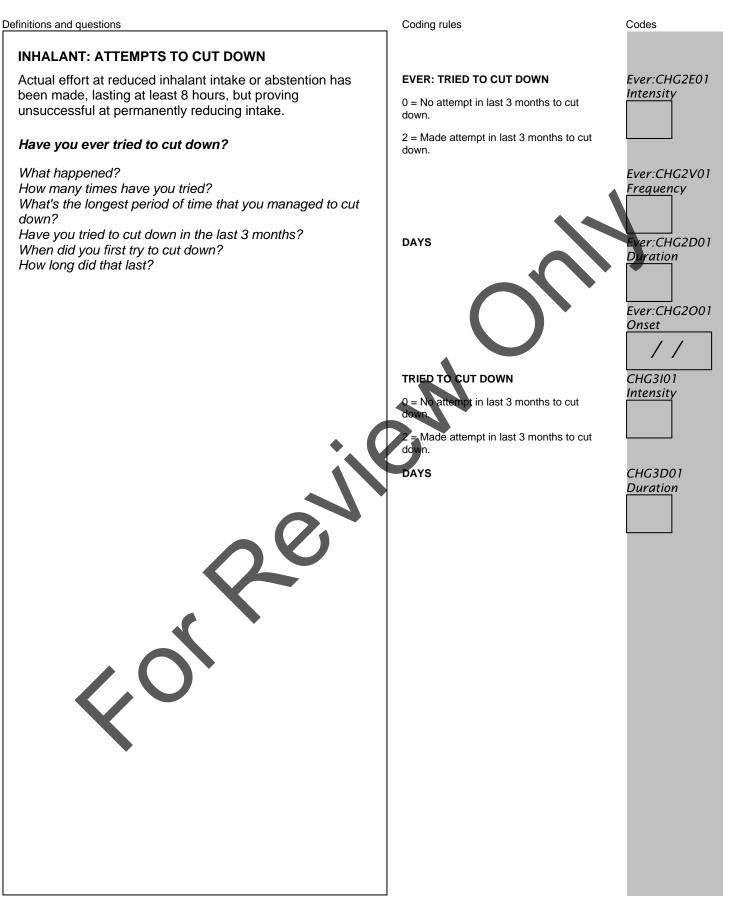




INHALANT INTOXICATION Any of the following signs within 2 hours of using inhalant: dizziness, slurred speech, tremor, unsteady gait, incoordination, lethargy, psychomotor retardation,	EVER: INTOXICATED	
dizziness, slurred speech, tremor, unsteady gait, incoordination, lethargy, psychomotor retardation,	EVER: INTOXICATED	
incoordination, lethargy, psychomotor retardation,		Ever:CHF9E0
	0 = No	Intensity
	2 = Has been intoxicated at some time	
generalized muscle weakness, nystagmus, blurred vision/diplopia, euphoria, stupor/unconciousness.	z = has been intoxicated at some time	
		Ever:CHF9O
Did you get high when you used inhalants?		Onset (
What about in the last 3 months?		
What is that like?	INTOXICATED IN LAST 3 MONTHS	CHF9I01
Have you ever noticed any physical effects?	0 = No	Intensity
What did you pation?		
What did you notice? When did that start?	2 = Has been intoxicated during the last 3 months	
How many times in the last 3 months have you been "high"		CUEDED
from it?		CHF9F01 Frequency
Did you get dizzy?		
Was your speech affected?		
What was it like?	DIZZINĖSS	CHF9X01
Did your hands shake?	0 = Absent	
Was your balance affected?	2 = Present SLURRED SPEECH	 CHF9X02
Were you unsteady on your feet?	0 = Absent	
Could you control your movements properly?	2 = Present	
Was your energy affected?	TREMOR	CHF9X03
In what way?	0 = Absent	
Were your movements slowed down at all?	2 = Present	
Did you feel weak?	UNSTEADY GAIT	CHF9X04
Did you actually lose power in your muscles?	0 = Absent	
Could you fix your eyes on things properly?	2 = Present	
Or were they jerking about?	INCOORDINATION	CHF9X05
Was your vision affected?	0 = Absent	
	2 = Present	
Was it blurred? Did you have double vision at any time?	LETHARGY	CHF9X06
Did you feel really happy?	0 = Absent	
Did you lose conciousness?	2 = Present	
	PSYCHOMOTOR RETARDATION	CHF9X07
	0 = Absent	
	2 = Present	



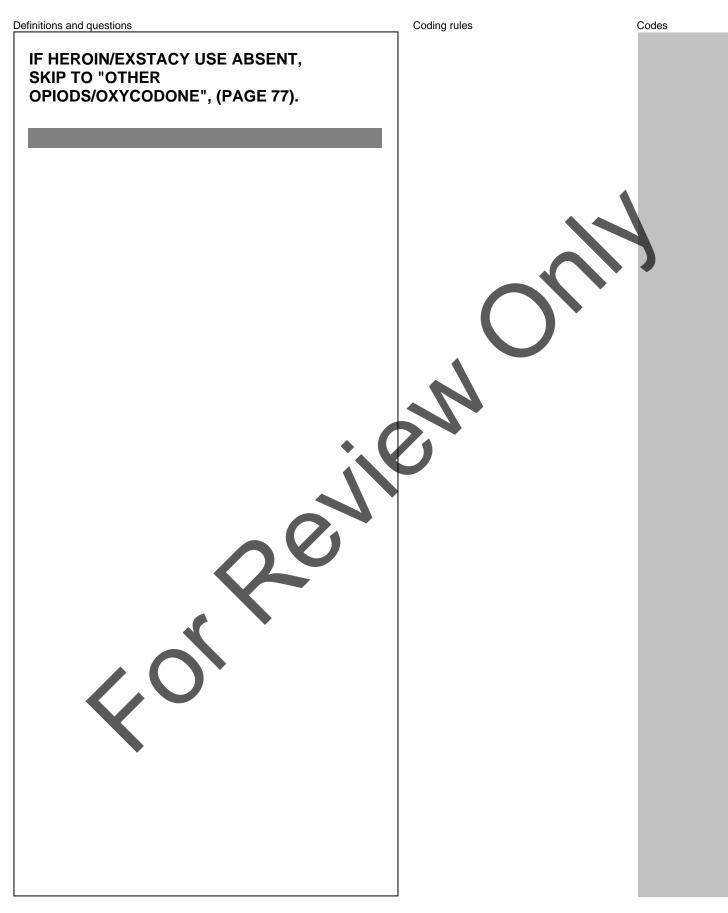
Definitions and questions Coding rules Codes INHALANT: DESIRE TO CUT DOWN The subject has at certain times felt that s/he would like to **EVER: DESIRE TO CUT DOWN** Ever:CGH0E01 reduce his/her inhalant intake. There is no requirement that Intensity 0 = No desire to cut down s/he should have actually done so. 2 = Wishes to cut down Do you want to cut down on how much you use Ever:CHG0001 inhalants? Onset When was the first time you wanted to? / / INHALANT: ADVISED TO CUT DOWN EVER: ADVISED TO CUT DOWN Εv er:CHG1E01 Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her inhalant intake, Intensity 0 = Never advised by parents or others to on at least one occasion. cut down 2 = Advised to cut down Has anyone ever told you that you should cut down? Ever:CHG1001 Who? Onset What do your loved ones and parents think? | | When was the first time someone told you that you should cut down?



Definitions and questions Codes Coding rules INHALANT WITHDRAWAL WITHDRAWAL IN PP To be considered symptoms of withdrawal, the following CHG4X04 symptoms must have occurred within 8 hours of ending (or Intensity 0 = Absent reducing the amount of inhalant ingested during) a period of heavy ingestion of inhalant (that lasted at least 3 days). 2 = Present FATIGUE CHG4101 What happens if you cut down on you inhalant use? 0 = Absent Tell me about the last time you cut down. 2 = Tiredness or lassitude to a degree Do you notice any physical symptoms? greater than normal What kind? INSOMNIA HG4102 Did you use inhalant or other substances to make the 0 = Absent symptoms go away? 2 = If the insomnia covers a period between What happened then, did it work? 1 and 2 hours. When you cut down did you feel tired? 3 = If its duration is greater than or equal to Was it bad enough to interfere with what you wanted to do? 2 hours per nig Could you do anything or did you take anything to get AGITATION CHG4103 yourself going? Did it affect your sleep? 0 = Absen 2 = Agitation is present in at least 2 activities and cannot be entirely controlled, but sometimes the subject can inhibit What happened to your sleep? Did you get agitated? his/her agitation with effort. What was that like? Agitation almost entirely uncontrollable. What do you do about it? How long did it last?

Definitions and questions	Coding rules	Codes
NITRITE INHALANT		
WHEN QUESTIONING ABOUT DRUGS SUBSTITUTE	EVER: USED WEEKLY	Ever:CHM5E01
THE SUBJECT'S NAMES FOR THEM	0 = No	Intensity
Have you ever tried poppers?	2 = Yes	
When was the first time? How often?		Ever:CHM5O01 Onset
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?	USED WEEKLY IN LAST 3 MONTHS	СНМ5101
When did that start?	0 = No	Intensity
Have you ever used it as often as 5 days a week, for a month or more?	2 = Yes	
	EVER: USED DAILY	Ever:CHM6E01
When did you start using at that level? How about in the last 3 months, how much are you using?	0 = No 2 = Yes	
		CHM6O01 Onset
		//
	USED DAILY IN LAST 3 MONTHS	СНМ6І01
	0 = No	
	2 = Yes	

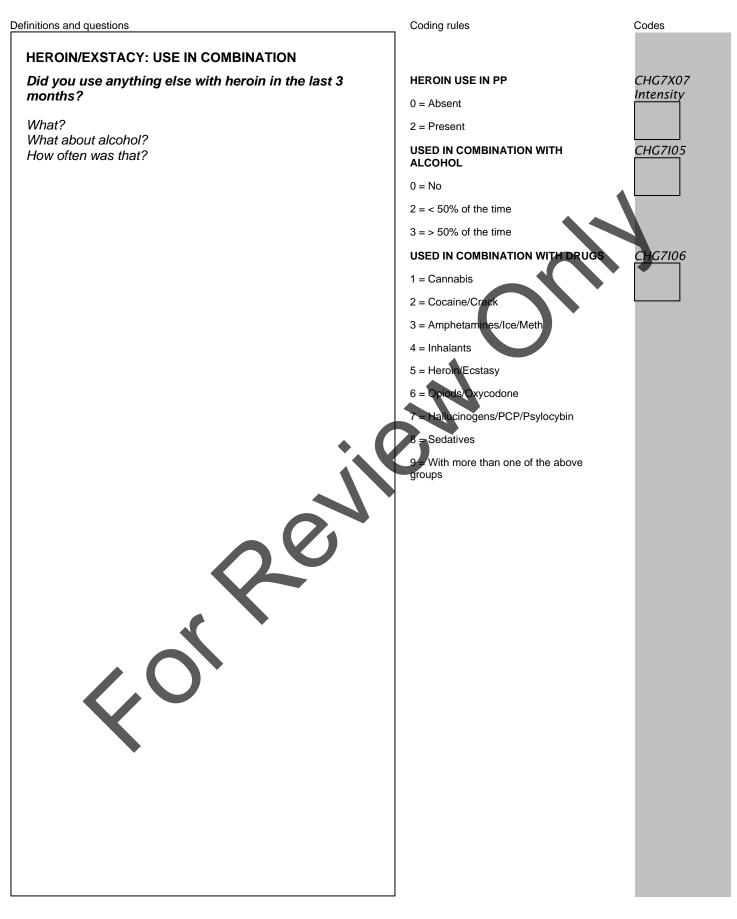
efinitions and questions	Coding rules	Codes
NITRITE INHALANT: USE IN COMBINATION		
<i>Did you use anything else with poppers in the last 3 months?</i>	USED IN COMBINATION WITH ALCOHOL	CHM7I01 Intensity
NITRITE INHALANT: USE IN COMBINATION Did you use anything else with poppers in the last 3	USED IN COMBINATION WITH	СНМ7101
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 PERIODOTHERWISE,, SKIP TO "HEROIN/ECSTASY", (PAGE 68).		



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Definitions and questions	Coding rules	Codes
HEROIN/EXSTASY SECTION		
HEROIN/ECSTASY		
WHEN QUESTIONING ABOUT DRUGS SUBSTITUTE THE SUBJECT'S NAMES FOR THEM	EVER: USED WEEKLY 0 = No	Ever:CHG5E01 Intensity
You said you have tried heroin or ecstasy before.	2 = Yes	
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?	USED WEEKLY IN LAST 3 MONTHS 0 = No 2 = Yes	Ever:CHG5001 Onset CHG5I01 Intensity
When did you start using at that level? How much are you using now, during the last 3 months?	EVER: USED DAILY 0 = No 2 = Yes	Ever:CHG6E01
	USED DAILY IN LAST 3 MONTHS 0 = No 2 = Yes	CHG6O01 Onset

Definitions and questions	Coding rules	Codes
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.	HEROIN USED IN PP 0 = No	CHG7X05 Intensity
NOTE LIFETIME CODING FOR INJECTING	2 = Yes ORAL	<u>CHG7101</u>
N.B. ASK IF PILLS HAVE BEEN CRUSHED, DISSOLVED, OR SUSPENDED, AND THEN INJECTED.	0 = No 2 = Yes	
Has there been heroin or ecstasy use in the last 3 months?	INHALED 0 = No	CHG7102
How do you take it?	2 = Yes	
Have you ever smoked it? What about freebasing? Have you ever injected it?	EVER: INJECTED:SUBCUTANEOUS/IM 0 = No	Ever:CHG7E01 Intensity
What about during the last 3 months? Have you ever shared a needle with anyone?	2 = Yes INJECTED IN LAST 3	 CHG7103
Did you do anything to clean the needle? What did you do?	MONTHS/SUBCUTANEOUS/IM 0 = No	
When you used a needle, did you inject into your muscle or into a vein?	2= Yes EVER: INJECTED/IV	Ever:CHG7E02
	0 = No 2 = Yes	
	INJECTED IN LAST 3 MONTHS: IV	<u>CHG7104</u>
	2 = Yes	
	EVER: SHARED NEEDLES 0 = No	Ever:CHG7E03
	2 = Yes, with attempt at hygienic precautions	
	3 = Yes, without attempt at hygienic precautions	



efinitions and questions	Coding rules	Codes
HEROIN/EXSTACY INTOXICATION		
Any of the following signs within 2 hours of using heroin: drowsiness, slurred speech, impaired attention/memory.	EVER: INTOXICATED 0 = No	Ever:CHG8E01 Intensity
Do you get high when you use heroin?	2 = Has been intoxicated at some time	
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?	INTOXICATED IN LAST 3 MONTHS 0 = No 2 = Has been intoxicated at some time	Ever:CHG8001 Onset CHG8I01 Intensity CHG8F01 Frequency
<i>Did you feel drowsy?</i> <i>Did you actually go to sleep?</i>	PUPILLARY CONSTRUCTION	<u>CHG8X01</u>
Was your speech affected? What was it like?	0 = No 2 = Yes	
What was it line? Was your concentration affected?	DROWSINESS	<u>СНG8X02</u>
What happened? Could you concentrate or did you find you couldn't be bothered by anything? Was your memory affected?	0 = No 2 = Yes UNCONCIOUSNESS	СНС8Х11
What happened with your memory? Did you lose interest in what was going on around you?	0 = No 2 = Yes SLURRED SPEECH	
How did you feel?	0 = No	
Did you start to feel depressed or irritable or anxious after a while?	2 = Yes IMPAIRED ATTENTION/MEMORY	 CHG8X04
Were you physically slowed down?	0 = No	
Did you seem to see, hear, or feel strange things that weren't really happening?	2 = Yes APATHY	<u></u>
Did you start to believe any strange or unusual things?	0 = No 2 = Yes	
	DYSPHORIA 0 = No 2 = Yes	<u>СНG8X06</u>
	PSYCHOMOTOR RETARDATION 0 = No	CHG8X07

Wave P eYAPA 2.0.3

Definitions and questions

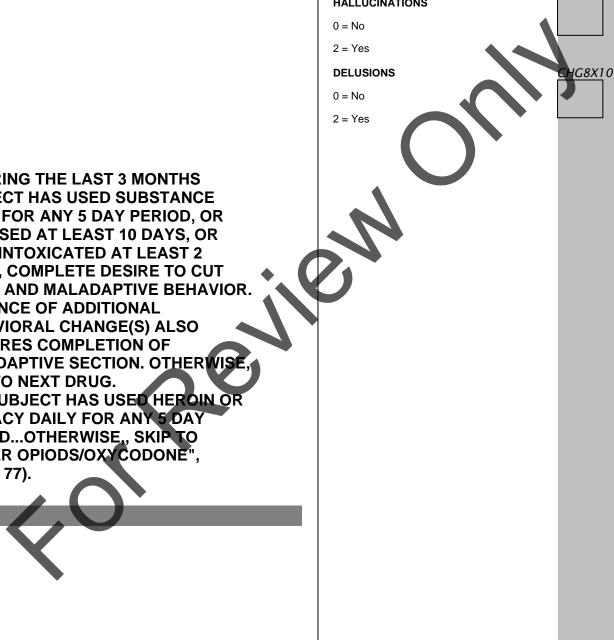
IF DURING THE LAST 3 MONTHS SUBJECT HAS USED SUBSTANCE DAILY FOR ANY 5 DAY PERIOD, OR HAS USED AT LEAST 10 DAYS, OR **BEEN INTOXICATED AT LEAST 2** TIMES, COMPLETE DESIRE TO CUT DOWN AND MALADAPTIVE BEHAVIOR. **EVIDENCE OF ADDITIONAL BEHAVIORAL CHANGE(S) ALSO REQUIRES COMPLETION OF** MALADAPTIVE SECTION. 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 77).

Coding rules 2 = YesAUDITORY, TACTILE, OR VISUAL ILLUSIONS 0 = No2 = YesAUDITORY, TACTILE, OR VISUAL HALLUCINATIONS 0 = No2 = YesDELUSIONS 0 = No2 = Yes

Codes

CHG8X08

CHG8X09



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HEROIN/EXSTACY: DESIRE TO CUT DOWN

The subject has at certain times felt that s/he would like to reduce his/her heroin intake. There is no requirement that s/he should have actually done so.

Have you ever wanted to cut down on how much you use heroin?

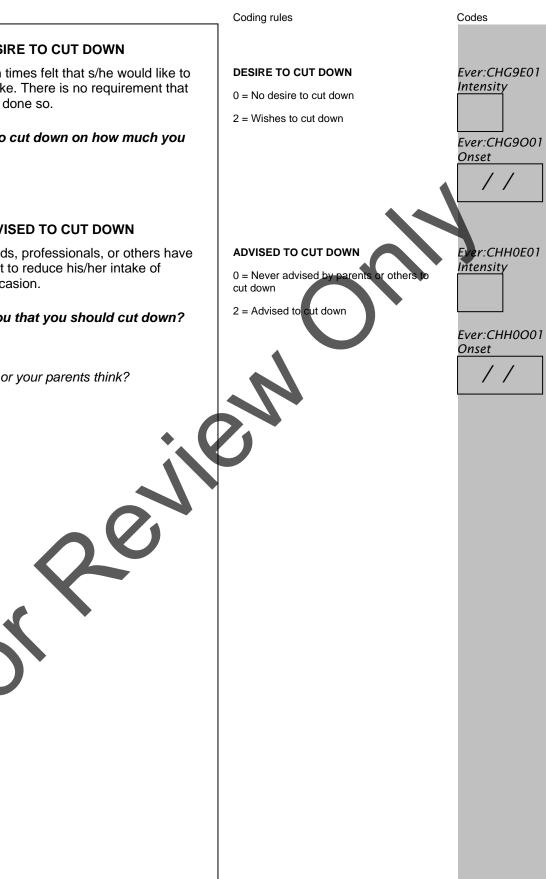
When was the first time?

HEROIN/EXSTACY: ADVISED TO CUT DOWN

Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her intake of heroin, on at least one occasion.

Has anyone ever told you that you should cut down?

Who? When was the first time? What do your loved ones or your parents think?



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?

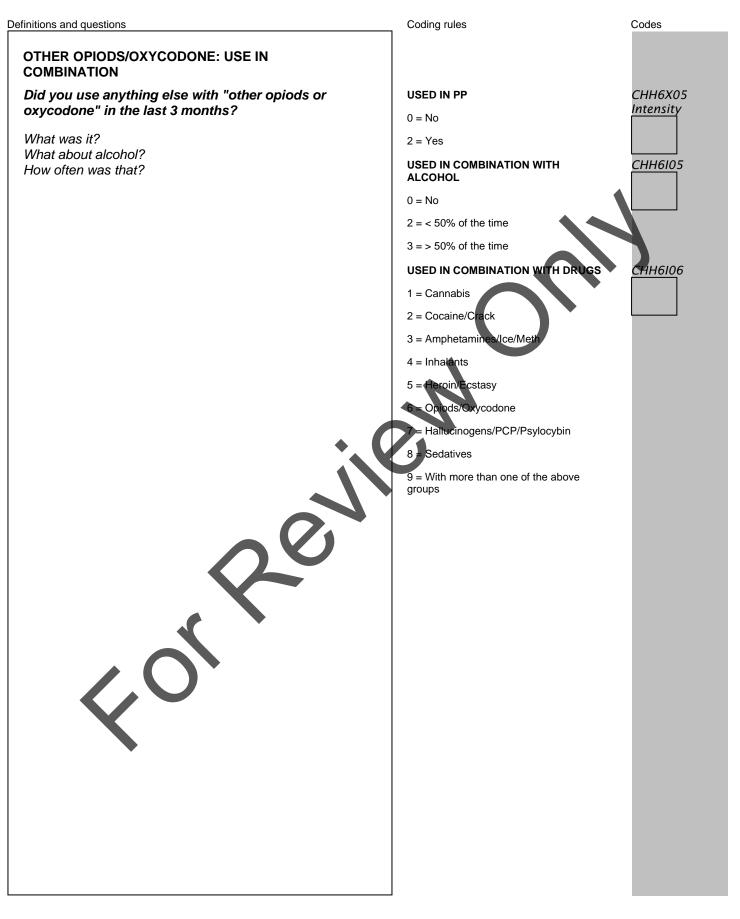
Coding rules Codes EVER: TRIED TO CUT DOWN Ever:CHH1E01 Intensity 0 = No attempt in last 3 months to cut down. 2 = Made attempt in last 3 months to cut down. Ever:CHH1V01 Frequency DAYS er:CHH1D01 D ration Ever:CHH1O01 Onset / / TRIED TO CUT DOWN CHH2I01 Intensity npt in last 3 months to cut = No atte Made attempt in last 3 months to cut DAYS CHH2D01 Duration

efinitions and questions	Coding rules	Codes
HEROIN/EXSTACY: WITHDRAWAL		
To be considered symptoms of withdrawal, the following symptoms must have occured within 8 hours of ending (or	WITHDRAWAL SYMPTOMS IN PP	CHH3X11 Intensity
reducing the amount of heroin ingested during) a period of	0 = Absent	
heavy ingestion of heroin (that lasted at least 3 days).	2 = Present	
What happens if you cut down on your heroin?	CRAVING 0 = No	СННЗХО1
Tell me about the last time you cut down.	2 = Yes	
Do you notice any physical symptoms?		
What happened?	NAUSEA/VOMITING	CHH3X02
Did you use heroin to make the symptoms go away?	0 = No	
Did it work? What happened then?	2 = Yes	
Did you feel that you really needed some heroin very	MUSCLE ACHES	СННЗХОЗ
badly?	0 = No	
Did you feel nauseous?	2 = Yes	
Or vomit?	LACRIMATION/RHINORRHEA	<u>СНН3Х04</u>
Did your muscles ache?	$0 = \sqrt{N_0}$	
Did your eyes water?	PILOERECT/SWEATS	сннзхо5
Or your nose run?	0 = No	
Did you get goose-bumps?	2 = Yes	
Or get sweaty?	PUPILLARY DILATION 0 = No	CHH3X06
Did anyone notice or did you see that your pupils were very large?	2 = Yes	
Did you have diarrhea?	DIARRHEA	СННЗХ07
	0 = No	
Did you yawn a lot?	2 = Yes	
Did you get a fever?	YAWNING	СННЗХО8
Was your sleep disturbed?	0 = No	
In what way?	2 = Yes	
	FEVER	СННЗХОЭ
	0 = No	
•	2 = Yes	
	INSOMNIA	<u>СНН3Х1</u> 0
	0 = No	
	2 = Yes	



OTHER OPIODS/OXYCODONE WHEN QUESTIONING ABOUT DRUGS SUBSTITUTE THE SUBJECTS NAMES FOR THEM You said that you have used other opiods and/or coxycodone. How often have you used them? Have you ever used "other opoids" at least once a usek 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)? Use Detective in LAST 3 MONTHS Use Detective in LAST 3 MONTHS Use Detective in LAST 3 MONTHS Use	Definitions and questions	Coding rules	Codes
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)? Used Date: Used Date: <th>OTHER OPIODS/OXYCODONE</th> <th></th> <th></th>	OTHER OPIODS/OXYCODONE		
You said that you have used other opiods and/or oxycodone 0 = N0 2 = Yes Ever:CHH4001 How often have you used them? Have you ever used "other opiods" at least once a week for a month or more? USED WEEKLY IN LAST 3 MONTHS CHH4101 When did that start? Have you ever used it as often as 5 days a week for a month or more? USED WEEKLY IN LAST 3 MONTHS CHH4101 When did you start using at that level? 0 = N0 2 = Yes Ever:CHH5E01 When did you use now (in the last 3 months)? 0 = N0 2 = Yes Ever:CHH5E01 USED WEEKLY IN LAST 3 MONTHS CHH5001 Image: Start Using at that level? How much do you use now (in the last 3 months)? 0 = N0 2 = Yes CHH5001 NSEED ChallY IN LAST 3 MONTHS CHH5001 Image: Start Using at that level? CHH5001 Need Chally IN LAST 3 MONTHS 2 = Yes CHH5001 Image: Start Using at that level? You Start Using at that level? Yes Yes Yes Yes		EVER: USED WEEKLY	
Tot said that you have used other opidus and/of oxycodone Ever:CHH4001 How often have you used them? Intensity Have you ever used "other opoids" at least once a week for a month or more? USED WEEKLY IN LAST 3 MONTHS When did that start? Intensity Have you ever used it as often as 5 days a week for a month or more? 0 = No 2 = Yes Ever:CHH5E01 0 = No 2 = Yes EVER: USED DAUT Ever:CHH5E01 0 = No 2 = Yes USED TURLY IN LAST 3 MONTHS CHH5001 0 = No 2 = Yes CHH5001 Onset 1 / Yes CHH5001 0 = No 2 = Yes CHH5001 Onset 1 / Yes CHH5001 0 = No 2 = Yes O = No 2 = Yes	THE SUBJECT'S NAMES FOR THEM	0 = No	Intensity
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)? USED WEEKLY IN LAST 3 MONTHS 0 = No 2 = Yes EVER: USED DAILY 0 = No 2 = Yes CHH5001 Onset // USED DAILY IN LAST 3 MONTHS 0 = No 2 = Yes CHH5001 Onset // USED DAILY IN LAST 3 MONTHS 0 = No 2 = Yes	You said that you have used other opiods and/or oxycodone	2 = Yes	
When did that start? Have you ever used it as often as 5 days a week for a month or more? USED WEEKLY IN LAST 3 MONTHS CHH4101 intensity When did you start using at that level? How much do you use now (in the last 3 months)? EVER: USED DANS Ever:CHH5E01 0 = No 2 = Yes EVER: USED DANS Ever:CHH5E01 0 = No 2 = Yes EVER: USED DANS Ever:CHH5E01 0 = No 2 = Yes CHH5001 Onset USED VEEKLY IN LAST 3 MONTHS CHH5001 Onset Onset Onset VISED VEEKLY IN LAST 3 MONTHS CHH5101 Onset <	Have you ever used "other opoids" at least once a		
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)? UseD DAILY IN LAST 3 MONTHS 0 = No 2 = Yes USED DAILY IN LAST 3 MONTHS 0 = No 2 = Yes USED DAILY IN LAST 3 MONTHS 0 = No 2 = Yes		USED WEEKLY IN LAST 3 MONTHS	
When did you start using at that level? How much do you use now (in the last 3 months)? EVER: USED DAIL 0 = No 2 = Yes CHH5001 Onset Image: Display the second se	Have you ever used it as often as 5 days a week for a	0 = No	miensity
How much do you use now (in the last 3 months)? 0 = No 2 = Yes 0 = No 2 = Yes	month or more?		
2 = Yes CHH5001 Onset USED DHLLY IN LAST 3 MONTHS CHH5101 0 = No 2 = Yes			Ever:CHH5E01
USED DAILY IN LAST 3 MONTHS 0 = No 2 = Yes			
USED DAILY IN LAST 3 MONTHS 0 = No 2 = Yes			
NSED DAILY IN LAST 3 MONTHS 0 = No z = Yes			
Z = Yes		USED DAILY IN LAST 3 MONTHS	
	+	0 = No	
Forber		2 = Yes	

efinitions 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.	ADMINISTERED IN PP 0 = No	CHH6X01 Intensity
NOTE LIFETIME CODING FOR INJECTING.	2 = Yes ORAL	СНН6101
N.B. ASK IF PILLS HAVE BEEN CRUSHED, DISSOLVED, OR SUSPENDED AND THEN INJECTED.	0 = No 2 = Yes	
How do you take it?	INHALED 0 = No	СНН6102
Do you take pills? Have you ever smoked it?	2 = Yes	
What about freebasing? Have you ever injected it?	EVER: INJECTED: SUBCUTANEOUS/IM 0 = No	Ever:CHH6E01 Intensity
Into your muscles or into a vein? What about during the last 3 months? Have you ever shared a needle with anyone?	2 = Yes INJECTED IN LAST 3 MONTHS: SUBCUTANEOUS/IM	<u></u>
Did you do anything to clean the needle? What did you do?	0 = No 2 = Yes	
	EVER: INJECTED: IV	Ever:CHH6E02
	2 = Yes	
	INJECTED IN LAST 3 MONTHS: IV 0 = No	CHH6I04
	2 = Yes	
	EVER: SHARED NEEDLES	Ever:CHH6E03
	0 = No 2 = Yes, with attempt at hygienic precautions	
	3 = Yes, without attempt at hygienic precautions	



initions and questions	Coding rules	Codes
OTHER OPIODS/OXYCODONE: INTOXICATION		
Any of the following signs within 2 hours of using opiods:	EVER: INTOXICATED	Ever:CHH7E01
Check following signs of intoxication:	0 = No 2 = Has been intoxicated at some time	Intensity
Do you get high when you use opiods or oxycodone?		Ever:CHH7O01 Onset
What is that like? How often do you get high? Have you ever noticed any physical effects when you		11
use other opiods/oxycodone?	INTOXICATED	CHH7101 Intensity
What did you notice?	0 = No	
When was that?	2 = Has been intoxicated at some time	
What about during the last 3 months? Did you feel sleepy?		CHH7F01 Frequency
Did you actually go to sleep?		
Was your speech affected?	PUPILLARY CONSTRUCTION] CHH7X01
In what way?		
Was your concentration affected?	0 = No	
What happened?	2 = Yes	
Could you concentrate on anything or was that a problem? Was your memory affected?	DROWSINESS 0 = No	<u>СНН7Х02</u>
Did anyone notice that your pupils were smaller than	2 = Yes	
usual?	SLURRED SPEECH	<u>СНН7Х03</u>
Did you lose interest in what was going on around	0 = No	
you?	2 = Yes	
How did you feel? Did you start to feel depressed or irritable or anxious	IMPAIRED ATTENTION/MEMORY	СНН7Х04
after a while?	0 = No	
Were you physically slowed down?	2 = Yes	
	APATHY	<u>СНН7Х0</u> 5
Did you start to believe any strange or unusual things?	0 = No	
	2 = Yes	
	DYSPHORIA	СНН7Х06
X	0 = No	
	2 = Yes	
	PSYCHOMOTOR RETARDATION	СНН7Х07
	0 = No	
	2 = Yes	
	DELUSIONS	СНН7Х08
	0 = No	
	0 = 100	



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?

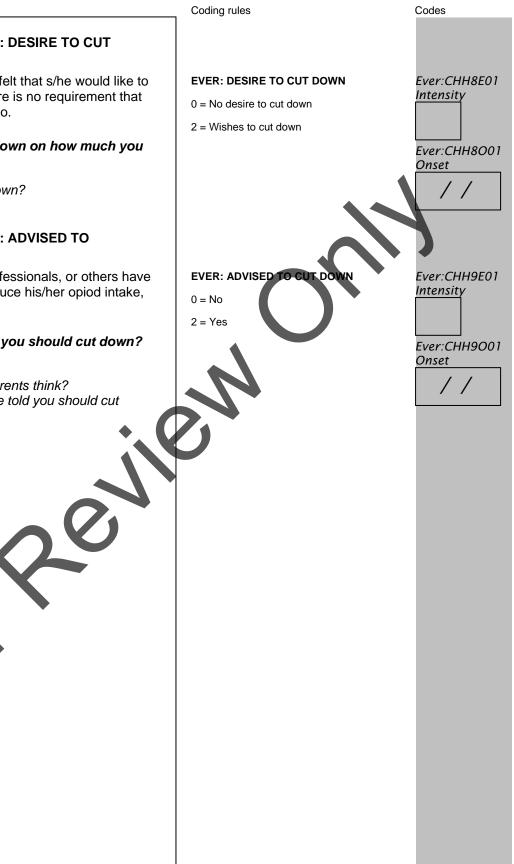
OTHER OPIODS/OXYCODONE: ADVISED TO CUT DOWN

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?



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?

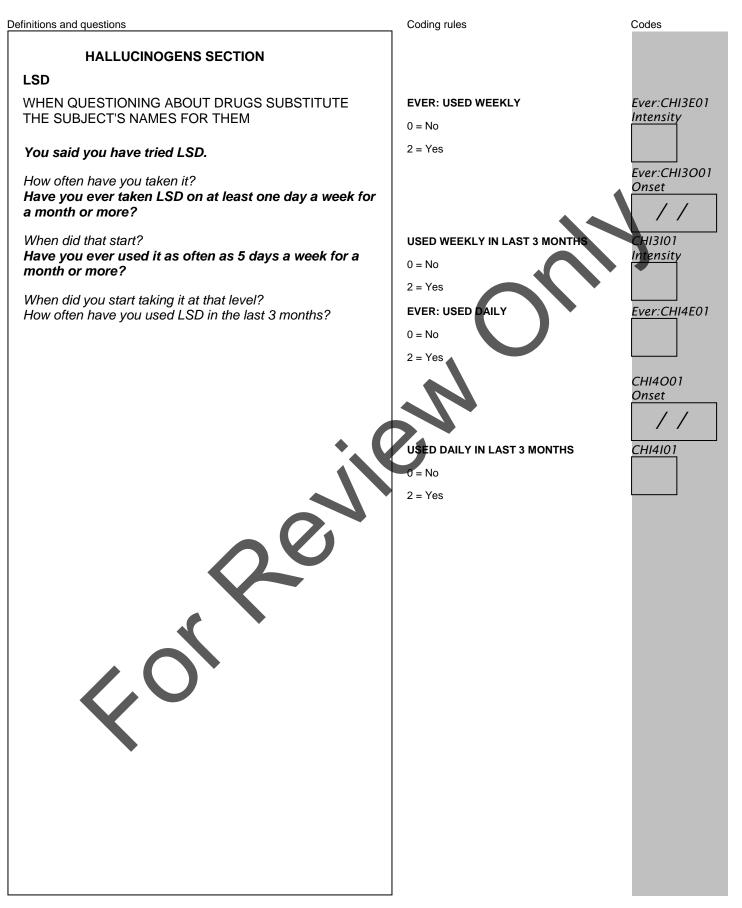
What happened? How many times have you tried? When was the first time? What about during the last 3 months? What was the longest you were able to cut down for? For how long did you cut down in the last 3 months?

Coding rules Codes **EVER: TRIED TO CUT DOWN** Ever:CHI0E01 Intensity 0 = Has never made attempt to cut down. 2 = Has made unsuccessful attempt at some time to cut down. Ever:CHI0V01 Frequency DAYS er:CHI0D01 ration Ever:CHI0O01 Onset / / TRIED TO CUT DOWN CHI1101 Intensity No attempt in last 3 months to cut Made attempt in last 3 months to cut DAYS CHI1D01 Duration

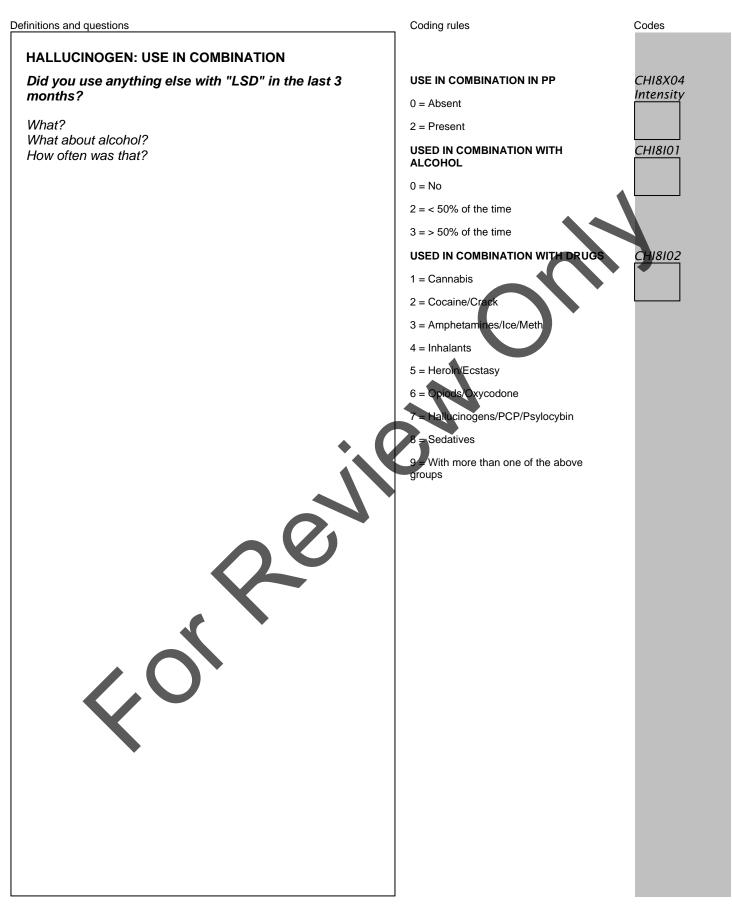
initions and questions	Coding rules	Codes
OTHER OPIODS/OXYCODONE: WITHDRAWAL		
To be considered symptoms of withdrawal, the following	OPIOD WITHDRAWAL IN PP	CHI2X11
symptoms must have occurred within 8 hours of ending (or	0 = Absent	Intensity
reducing the amount of opiods ingested during) a period of		
heavy ingestion of opiods (that lasted at least 3 days).	2 = Present	
What happens if you cut down on your use of opiods	CRAVING	CHI2X01
or oxycodone?	0 = No	
Tell me about the last time you cut down.	2 = Yes	
Do you notice any physical symptoms?	NAUSEA/VOMITING	СНІ2Х02
	0 = No	
What happened? Did you use opiods or oxycodone to make the symptoms	2 = Yes	
go away?		
Did it work?	MUSCLE ACHES	CHI2X03
What happened then? Did you feel that you really needed some opiods or	0 = No	
oxycodone very badly?	2 = Yes	
	LACRIMATION/RHINORRHEA	CHI2X04
Did you feel nauseous?	0 = Nto	
Or vomit?	2 = Yes	
Did your muscles ache?	PILOERECT/SWEATS	<u>СНІ2Х05</u>
Did your eyes water?	0 = No	
Or your nose run?	2 = Yes	
Did you get goosebumps?		<i>СНІ2ХО6</i>
Or get sweaty?	0 = No 2 = Yes	
		<i>си и руса</i> т
Did anyone notice or could you tell that your pupils were very large?	DIARRHEA	CHI2X07
	0 = No	
Did you have diarrhea?	2 = Yes	
Did you yawn a lot?	YAWNING	CHI2X08
Did you get a fever?	0 = No	
	2 = Yes	
Was your sleep disturbed?	FEVER	<u>СНІ2Х09</u>
In what way?	0 = No	
	2 = Yes	
	INSOMNIA	CHI2X10
	0 = No	
	2 = Yes	



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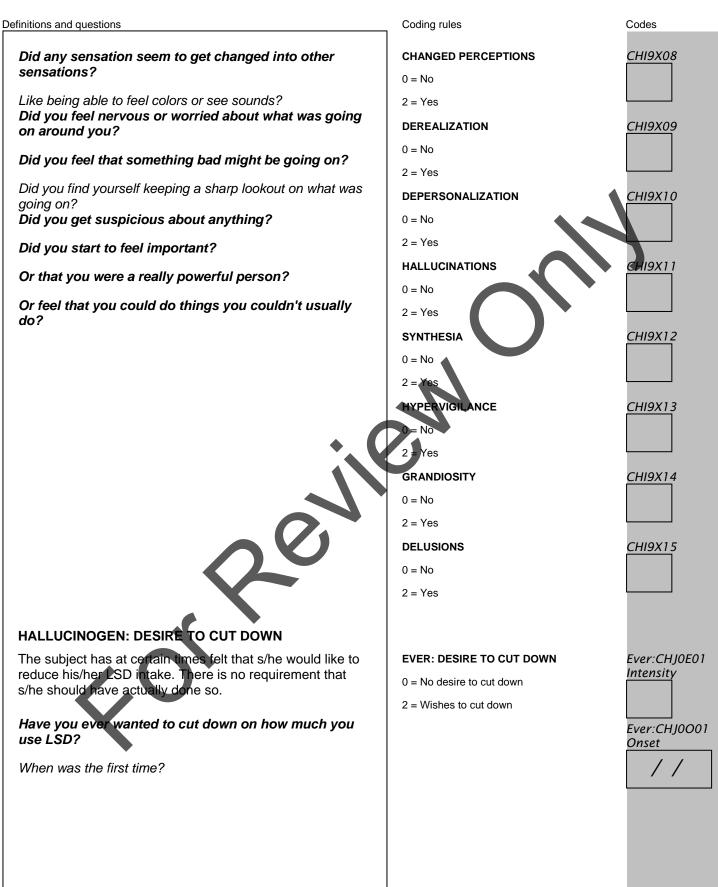


Definitions and questions	Coding rules	Codes
PSILOCYBIN (MAGIC MUSHROOMS)		
WHEN QUESTIONING ABOUT DRUGS SUBSTITUTE	EVER: USED WEEKLY	Ever:CHI5E01
THE SUBJECT'S NAMES FOR THEM	0 = No	Intensity
You said you have tried mushrooms.	2 = Yes	
How often have you used shrooms? Have you ever used it at least once a week for a month or more?		Ever:CHI5O01 Onset
When did that start?	USED WEEKLY IN LAST 3 MONTHS	CHI5I01
Have you ever used them for 5 days a week for a month or more?	0 = No	Intensity
	2 = Yes	
When did you start using at that level? How often have you used them in the last 3 months?	EVER: USED DAILY	Ever:CHI6E01
	0 = No	
	2 = Yes	
		СНІ6О01
		Onset (
	USED DAILY IN LAST 3 MONTHS	СНІ6І01
*. •	0 = No	
	2 = Yes	
	>	
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	USED IN LAST 3 MONTHS	CHI7X04 Intensity
been used, code them all.	0 = Absent	
	2 = Present	
How do you use LSD?	ORAL	CHI7I01
Do you smoke it? How about in eye drops?	0 = No	
	2 = Yes	
	SKIN ABSORPTION	CHI7I02
	0 = No	
	2 = Yes	
	EYE DROPS	CHI7I03
	0 = No	
	2 = Yes	
]	



finitions and questions	Coding rules	Codes
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	EVER: INTOXICATED 0 = No 2 = Has been intoxicated at some time	Ever:CHI9E01 Intensity Ever:CHI9O0
ABOUT HALLUCINOGEN MOOD DISORDER AND POST HALLUCINOGEN PERCEPTION DISORDER		Onset
What happens when you use "LSD"?	INTOXICATED IN LAST 3 MONTHS	Сні9і01
Have you ever gotten high from it? What is that like?	0 = No 2 = Has been intoxicated during the last 3	Intensity
How often have you gotten high from it in the last 3 months?	z = Has been intoxicated during the last 3 months	
Have you ever noticed any physical effects when you used LSD?		CHI9F01 Frequency
What did you notice? When did that start? Has that happened in the last 3 months?	TACHYCARDIA	СНІ9Х01
How often? Did you notice your heart beating fast?	0 = No 2 = Yes	
Or irregularly?	PALPITATIONS	СНІ9Х02
Did you get sweaty?	0 = No	
Or have any chills?	2 = Yes SWEATING/CHILLS	сні9х03
Was your vision affected?	0 = No	
What happened to it? Did your hands shake?	2 = Yes	
Was your balance affected?	BLURRED VISION 0 = No	CHI9X04
What about your movements, could you control them	2 = Yes	
properly?	TREMOR	CHI9X05
Did anyone notice that your pupils were bigger than usual?	0 = No	
Did you see or hear any strange things?	2 = Yes INCOORDINATION	СНІ9Х06
What? Did things seem much brighter or louder than usual?	0 = No	
Did you feel unreal?	2 = Yes PUPILLARY DILATATION	сні9х07
Or that the world was unreal?	0 = No	
Did you see anything that wasn't really there?	2 = Yes	
Or hear anything that wasn't really there?		

Wave P eYAPA 2.0.	3
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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?

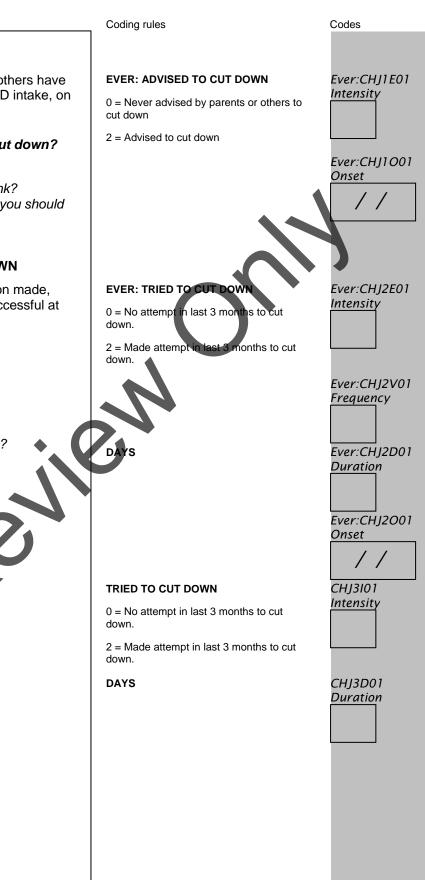
HALLUCINOGENS: ATTEMPTS TO CUT DOWN

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?

IF NO PCP USE, SKIP TO "RE-EXPERIENCED PERCEPTUAL SYMPTOMS", (PAGE 101).



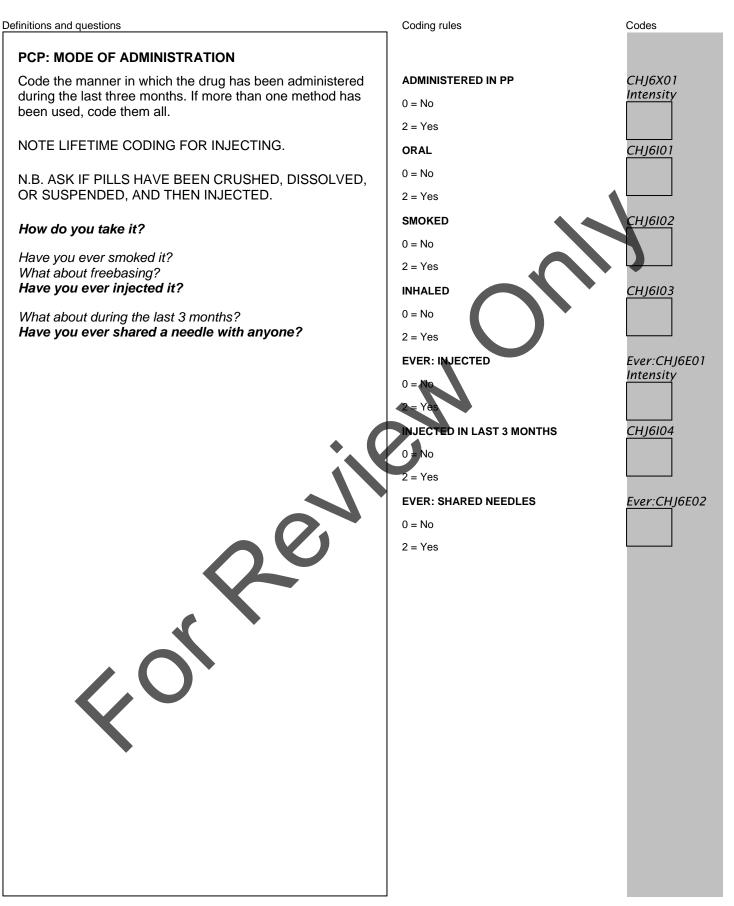
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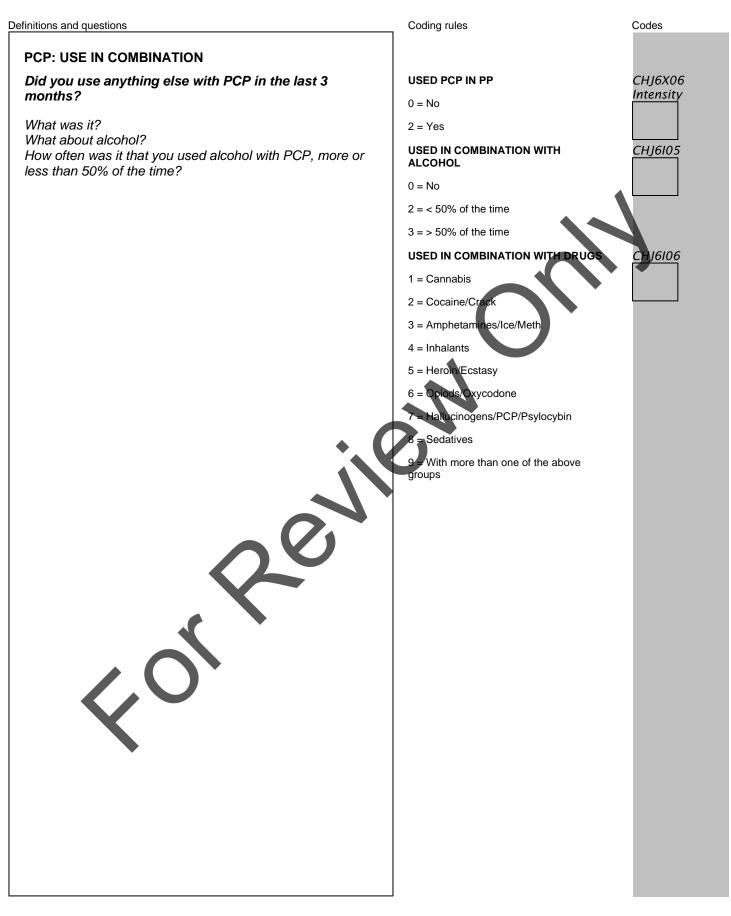
Coding rules

Codes

Definitions and questions

Definitions and questions	Coding rules	Codes
PCP		
WHEN QUESTIONING ABOUT DRUGS SUBSTITUTE	EVER: USED WEEKLY	Ever:CHJ4E01
THE SUBJECT'S NAMES FOR THEM	0 = No	Intensity
You said you have tried PCP.	2 = Yes	
How often have you taken it? Have you ever used it as often as once a week for a month or more?		Ever:CHJ4001 Onset
When did that start?	USED WEEKLY IN LAST 3 MONTHS	СНЈ4101
Have you ever used it as often as 5 days per week for a month or more?	0 = No	Intensity
When did you start using at that level?	2 = Yes	
How often have you used in the last 3 months?	EVER: USED DAILY	Ever:CHJ5E01
	0 = No	
	2 = Yes	
		CHJ5O01 Onset
	N.	
	USED DAILY IN LAST 3 MONTHS	 CHJ5I01
+ C	0 = No	
	2 = Yes	
	J	





efinitions and questions	Coding rules	Codes
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?	EVER: INTOXICATED 0 = No 2 = Has been intoxicated at some time	Ever:CHJ7E01 Intensity Ever:CHJ7O01
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?	INTOXICATED IN LAST 3 MONTHS 0 = No	Onset /// CHJ7I01 Intensity
Did the world seem to be spinning?	2 = Yes	CHJ7F01
Did any parts of your body feel numb?		Frequency
<i>Did you notice that you weren't feeling pain as much as usual?</i>	NYSTAGMUS	<u></u>
Did you have any difficulty walking?	0 = No	
What was the problem? Were your muscles affected?	2 = Yes NUMBNESS/REDUCED PAIN RESPONSE] СНJ7X02
How? Did you ever have a fit or seizure?	0 = No 2 = Yes	
Was your speech affected?	ΑΤΑΧΙΑ	СНЈ7Х03
Was it slurred?	0 = No	
Did sounds seem unusually loud?	2 = Yes	
Or colors seem unusually bright?	DYSARTHRIA 0 = No	CHJ7X04
Did you seem to see, hear, or feel strange things that weren't really happening?	2 = Yes	
Did you start to believe any strange or unusual things?	MUSCLE RIGIDITY	<u>СНJ7X05</u>
	0 = No	
	2 = Yes	
	SEIZURE	<u>СНЈ7Х06</u>
	0 = No	
	2 = Yes	
	HYPERACUSIS	СНЈ7Х07
	0 = No	
	2 = Yes	
	AUDITORY, TACTILE, OR VISUAL ILLUSIONS	<u>СНЈ7Х09</u>

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 102).

Coding rules Codes 0 = No2 = YesAUDITORY, TACTILE, OR VISUAL CHJ7X10 HALLUCINATIONS 0 = No2 = YesDELUSIONS CHJ7X11 0 = No2 = Yes

PCP: DESIRE TO CUT DOWN

The subject has at certain times fe reduce his/her PCP intake. There s/he should have actually done so

Have you ever wanted to cut do use PCP?

When did you first think you wante

PCP: ADVISED TO CUT DOWN

Parents, loved ones, friends, profe told or advised the subject to redu at least one occasion.

Has anyone ever told you that y

Who? What do your parents and other lo When was the first time you were

d questions	Coding rules	Codes
ESIRE TO CUT DOWN		
ject has at certain times felt that s/he would like to his/her PCP intake. There is no requirement that buld have actually done so.	EVER: DESIRE TO CUT DOWN 0 = No desire to cut down 2 = Wishes to cut down	Ever:CHJ8E01 Intensity
ou ever wanted to cut down on how much you P?		Ever:CHJ8O01 Onset
id you first think you wanted to cut down?		//
DVISED TO CUT DOWN		
, loved ones, friends, professionals, or others have dvised the subject to reduce his/her PCP intake, on one occasion.	EVER: ADVISED TO CUT DOWN 0 = Never advised by parents or others to cut down	Ever:CHJ9E01 Intensity
one ever told you that you should cut down?	2 = Advised to cut down	Ever:CHJ9O01
o your parents and other loved ones think? ras the first time you were advised to cut down?		Onset

Definitions and questions Coding rules Codes PCP: ATTEMPTS TO CUT DOWN EVER: TRIED TO CUT DOWN Actual effort at reduced PCP intake or abstention made, Ever:CHK0E01 lasting at least 8 hours, but which proved unsuccessful at Intensity 0 = No attempt in last 3 months to cut permanently reducing intake. down. 2 = Made attempt in last 3 months to cut Have you ever tried to cut down? down. What happened? Ever:CHK0V01 How many times have you tried? Frequency When was the first time? Have you tried to cut down in the last 3 months? How long did that last? DAYS er:CHK0D01 D ration Ever:CHK0O01 Onset / / TRIED TO CUT DOWN СНК1101 Intensity npt in last 3 months to cut = No atte Made attempt in last 3 months to cut DAYS CHK1D01 Duration

HALLUCINOGEN MOOD DISORDER

Low mood, Subjective Anxious Affect, or Elevated Mood occurring within 3 weeks of beginning hallucinogen use, and persisting at least 24 hours after the cessation of such use.

IF EVER USED HALLUCINOGEN, ASK ABOUT HALLUCINOGEN MOOD DISORDER.

MAKE CAREFUL WRITTEN NOTES OF THE SYMPTOMATOLOGY ASSOCIATED WITH HALLUCINOGEN USE.

N.B. BE SURE TO ASK ABOUT ALL HALLUCINOGENS USED.

Did your mood change at all when you used "hallucinogen" in the last 3 months?

How did you feel? What was it like? How long did the mood change last? Did you try stopping using "hallucinogen"? Did that make any difference? Was your mood still changed after you stopped? For how long? When did this first happen? How often has it happened in the last 3 months?

	Coding rules	Codes
ed Mood gen use, ion of such	 HALLUCINOGEN MOOD DISORDER 0 = Absent 2 = Mood changes have occurred only in relation to hallucinogen use 	CHK2I01 Intensity
Т	3 = Mood changes have occurred both in relation to hallucinogen use and independently of it	
NOGENS	DAYS	CHK2D01 Duration CHK2F01 Frequency
,	O	CHK2O01 Onset
	N	//
?	3	

POST-HALLUCINOGEN PERCEPTION DISORDER

IF EVER USED ANY HALLUCINOGEN, ASK ABOUT POST-HALLUCINOGEN PERCEPTION DISORDER.

N.B. ASK ABOUT ALL HALLUCINOGENS USED.

RE-EXPERIENCED PERCEPTUAL SYMPTOMS

The subject re-experiences one or more of the perceptual symptoms that characterized his/her use of a hallucinogen, when the hallucinogen has not been taken within the preceding 24 hours.

Have you ever had a flashback? (explain if necessary)

What was it like? What did you see? Was that like what happens/ed when you took "hallucinogen"? How long did it last? Have you had any in the last 3 months? How many times? When did you first have a flashback?

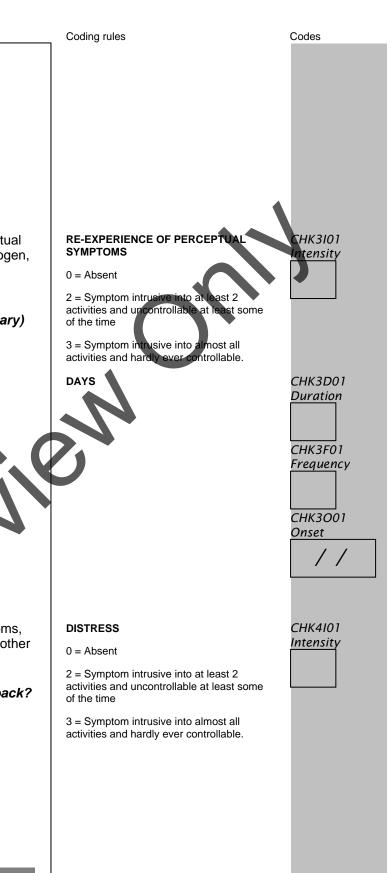
DISTRESS

During a period of re-experience of perceptual symptoms, the subject experienced Subjective Anxious Affect, or other unpleasant mood states.

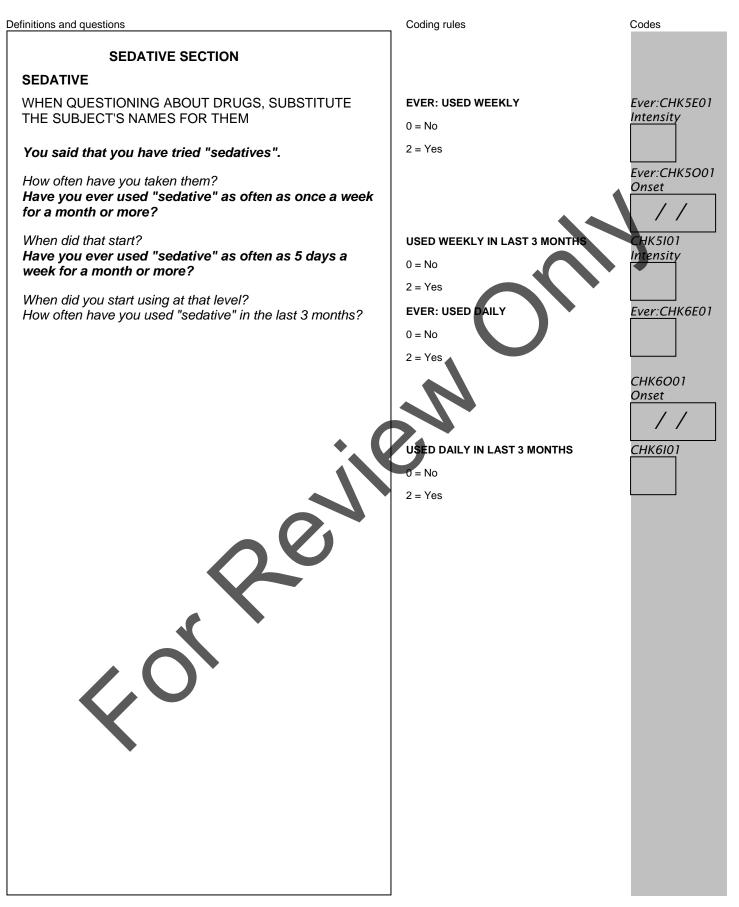
How did you feel when you were having the flashback?

Did you feel frightened? What were you doing when you felt that way? Could you stop yourself from feeling that way?

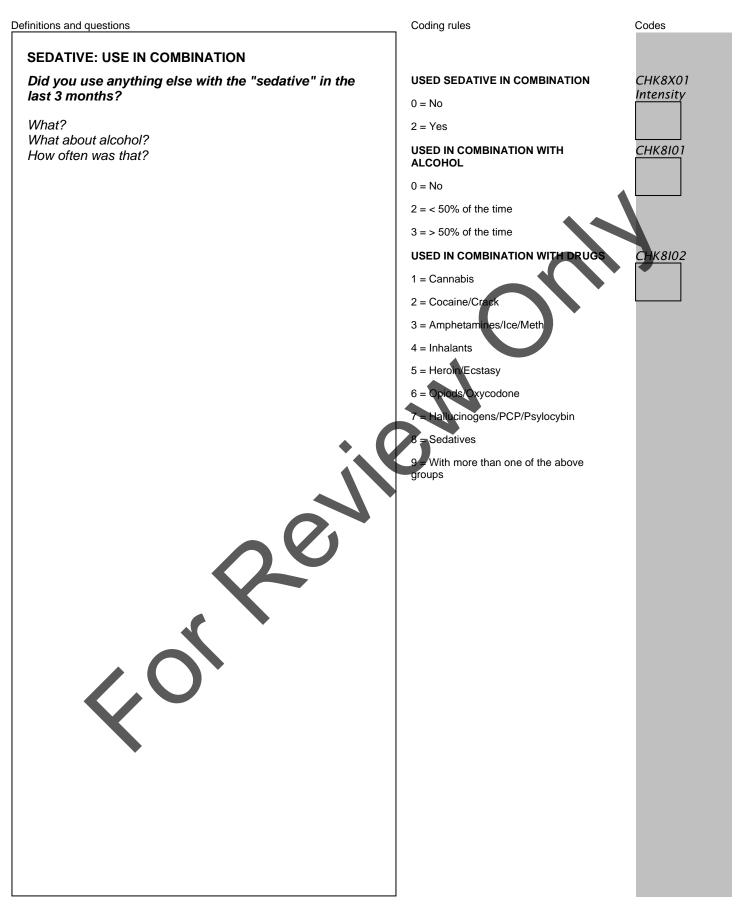
IF SEDATIVE USE ABSENT, SKIP TO "MALADAPTIVE SCREEN", (PAGE 111).



Wave P eYAPA 2.0.3



Definitions and questions	Coding rules	Codes
SEDATIVE: MODE OF ADMINISTRATION		
Code the manner in which the drug has been administered	ADMINISTERED SEDATIVE IN PP	СНК7Х01
during the last three months. If more than one method has been used, code them all.	0 = No	Intensity
	2 = Yes	
Note: LIFETIME CODING FOR INJECTING	ORAL	СНК7ІОІ
N.B. ASK IF PILLS HAVE BEEN CRUSHED, DISSOLVED, OR SUSPENDED, AND THEN INJECTED	0 = No	
	2 = Yes	
Now, I need to know "how" you used sedatives in the	EVER: INJECTED	Ever:CHK7E01 Intensity
last 3 months.	0 = No	Micensity
How do you take it?	2 = Yes	
Was it some type of pill?	INJECTED IN LAST 3 MONTHS	<u>CHK7I02</u>
Have you ever injected "sedative"?	0 = No	
	2 = Yes	
Have you done that in the last 3 months?	EVER: SHARED NEEDLES	Ever:CHK7E02
Have you ever shared needles with anyone? Did you do anything to clean the needle? What did you do?	0 = No 2 = Yes, with attempt at hygienic precautions	
	3 Yes, without attempt at hygienic precautions	



finitions and questions	Coding rules	Codes
SEDATIVE: INTOXICATION		
Any of the following signs within 24 hours of using "sedative": slurred speech, incoordination, unsteady gait, impaired memory or attention.	EVER: INTOXICATED 0 = No 2 = Has been intoxicated at some time	Ever:CHK9E01 Intensity
Do you get high when you use "sedative"? What is that like?		Ever:CHK9O01 Onset
How often do you get high? How do you feel then?		
Have you ever noticed any physical effects? What did you notice?	INTOXICATED IN LAST 3 MONTHS 0 = No	CHK9I01 Intensity
When was that? What about during the last 3 months? Was your speech affected?	2 = Has been intoxicated during the last 3 months	СНК9F01
What was it like? Was it slurred? Were your movements affected?		Frequency
Did you lose your balance?	SLURRED SPEECH	СНК9Х01
Could you walk properly? Or did you tend to stagger a bit? Did you bump into things at all?	2 - Yes	
Could you move your arms and hands properly? Was your coordination affected? (explain if necessary) Could you pay attention to things properly?	0 = No 2 = Yes	
Or was your concentration affected? What about your memory?	UNSTEADY GAIT	<u>СНК9Х03</u>
Did it have any effect on that? What happened?	0 = No 2 = Yes	
Was it difficult to remember things? Did you start to believe any strange or unusual things?	IMPAIRED MEMORY OR ATTENTION 0 = No	<u>СНК9Х04</u>
	2 = Yes DELUSIONS] СНК9X05
	0 = Absent	
	2 = Present	

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 113).

Definitions and questions Coding rules Codes SEDATIVE: DESIRE TO CUT DOWN EVER: DESIRE TO CUT DOWN The subject has at certain times felt that s/he would like to Ever:CHL0E01 reduce his/her "sedative" intake. There is no requirement Intensity 0 = No desire to cut down that s/he should have actually done so. 2 = Wishes to cut down Have you ever wanted to cut down on how much you Ever:CHL0001 use "sedative"? Onset When did that start? / / SEDATIVE: ADVISED TO CUT DOWN EVER: ADVISED TO CUT DOWN Εv er:CHL1E01 Parents, loved ones, friends, professionals, or others have told or advised the subject to reduce his/her "sedative" Intensity 0 = Never advised by parents or others to intake, on at least one occasion. cut down 2 = Advised to cut down Has anyone ever told you that you should cut down? Ever:CHL1001 Who? Onset What do your parents and other loved ones think? / / When was the first time you were advised to cut down?

SEDATIVE: ATTEMPTS TO CUT DOWN

Actual effort at reduced "sedative" intake or abstention made, lasting at least 8 hours, but which proved unsuccessful at permanently reducing intake.

Have you ever tried to cut down?

What happened? How many times have you tried? When was the first time? Have you tried in the last 3 months? How long did that last?

Coding rules Codes EVER: TRIED TO CUT DOWN Ever:CHL2E01 Intensity 0 = Has never made attempt to cut down. 2 = Has made unsuccessful attempt at some time to cut down. Ever:CHL2V01 Frequency DAYS ver:CHL2D01 uration D Ever:CHL2O01 Onset | | TRIED TO CUT DOWN CHL3101 Intensity 0 = No attempt in last 3 months to cut down de attempt in last 3 months to cut CHL3D01 Duration

initions and questions	Coding rules
SEDATIVE: WITHDRAWAL	
To be considered symptoms of withdrawal, symptoms must	WITHDRAWAL SYMPTOMS PRESENT
have occurred within 8 hours of ending a period of heavy ingestion of "sedative" (that lasted at least 3 days), or of a	0 = No
reduction in the amount of "sedative" used.	2 = Yes
	SEDATIVE WITHDRAWAL IN PP
Have you experience any withdrawal symptoms in the last 3 months?	0 = No
What happens if you cut down on your "sedative"?	2 = Yes
	NAUSEA/VOMITING
Tell me about the last time you cut down. Did you notice any physical symptoms?	0 = No
	2 = Yes
What happened? Did you take any "sedative" to make the symptoms go	MALAISE/WEAKNESS
away? Did it work?	0 = No
Did it work? Did you feel nauseated?	2 = Yes
Did you vomit?	AUTONOMIC HYPERACTIVITY
Did you feel weak?	2 = Code number of symptoms: Palpitations, rapid breathing, stomach churning, sweating/chills, diarrhea, flushin
Did it affect your activities at all?	lump in throat
In what way?	ANXIETY/IRRITABILITY
Did you notice your heart beating fast?	2 = Sometimes Uncontrollable
Or irregularly?	3 = Nearly always uncontrollable
Did you notice yourself breathing faster than usual?	ORTHOSTATIC HYPOTENSION
Did you notice your stomach churning? Did you get sweaty?	0 = Absent, or fewer than 3 episodes
Or have diarrhea or have to urinate frequently?	2 = 3 or more episodes
Did you get a lump in your throat? Or get flushed?	TREMOR
Did you feel anxious?	0 = No
Or nervous or worried?	2 = Yes
What was that like? Did you get bad-tempered?	INSOMNIA
	0 = Absent
Did you get dizzy when you stood up at all?	2 = If the insomnia covers a period betwee
Did your hands shake?	1 and 2 hours.
Did you have shakes anywhere else? Was your sleep affected?	3 = If its duration is greater than or equal t 2 hours per night.
	SEIZURES
Did you have any blackouts?	0 = No
Or fits?	2 = Yes
Did you seem to see, hear or feel strange things that weren't really happening?	AUDITORY, TACTILE, OR VISUAL ILLUSIONS
weren creany nappennig:	0 = No

Codes

bbb0l01 Intensity

CHL4X12

CHL4X01

<u>CHL4X0</u>2

CHL4X03

CHL4X04

CHL4X05

CHL4X06

<u>CHL4X0</u>7

CHL4X08

CHL4X10

Definitions and questions	Coding rules	Codes
<i>Did you ever take "sedative" or anything else to stop these symptoms?</i>	2 = Yes AUDITORY, TACTILE, OR VISUAL HALLUCINATIONS 0 = No 2 = Yes TAKES "SEDATIVE" TO PREVENT WITHDRAWAL SYMPTOMS 0 = No	CHL4X11 CHL4X09
	2 = Yes	

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 th 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?

Did subject get drunk 2x, drink on 5 consecutive days or drink on any 10 days of the last 3 months?

Was there any drug use sufficient to enter the Maladaptive section?

Did subject get high from any drug at least twice in th past 3 months?

Did subject experience any "additional behavioral" changes" in the last 3 months?

Which ones?

IF ANY SUBSTANCE USED DAILY F 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 ""ARREST: FIRST PERSON" NOT PRESENT", (PAGE ERROR! BOOKMARK NOT DEFINED.).

		Coding rules	Codes
	ne e e	POSITIVE MALADAPTIVE SCREEN 0 = Absent	JJJ6106
11			

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Wave P eYAPA 2.0.3
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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?**

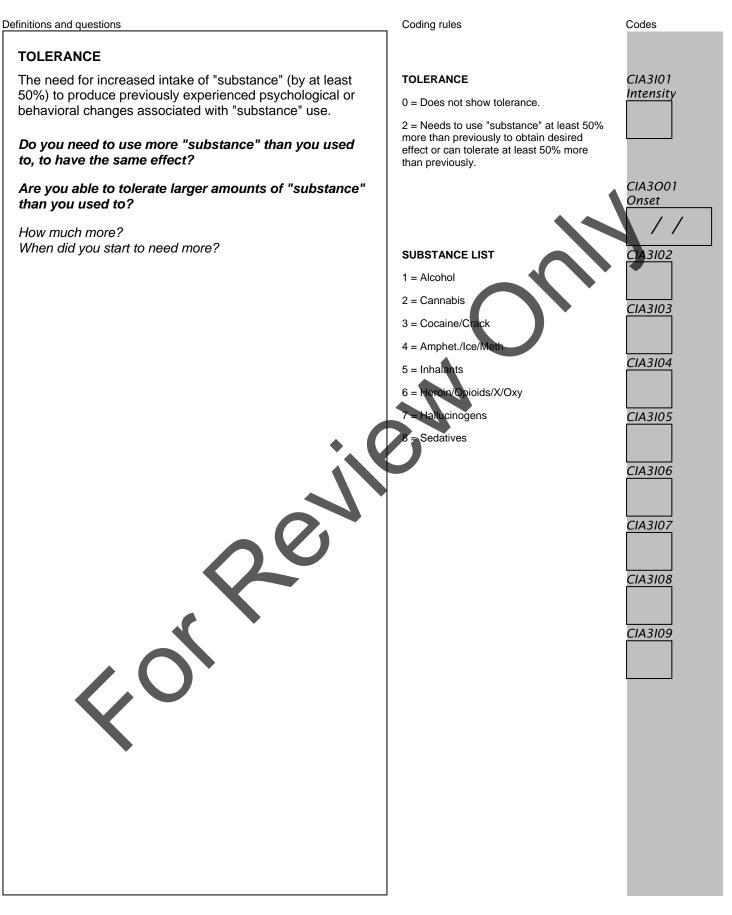
When did that start? How often in the last 3 months? When do you have your first "substance" of the day? **Do you miss it if you can't get "substance" ?**

What happens if you don't get "substance"?

Coding rules Codes SUBJECTIVE NEED FOR "SUBSTANCE" CIA0101 Intensity 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 CIAOF01 requency CIA0001 Onset | | SUBSTANCE LIST CIA0102 Alcoho nna CIA0103 ne/Crack Amphet./Ice/Meth CIA0104 = Inhalants 6 = Heroin/Opioids/X/Oxy 7 = Hallucinogens CIA0105 8 = Sedatives CIA0106 CIA0107 CIA0108 CIA0109

Definitions and questions	Coding rules	Codes
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.	USES "SUBSTANCE" TO IMPROVE MOOD 0 = Absent	CIA1I01 Intensity
<i>Do you sometimes use "substance" to cheer yourself up when you feel low?</i>	 2 = Sometimes uses substance to improve mood (3 = Sometimes uses substance to improve 	
Or to keep yourself from getting down?	mood (>=50% of the time)	
Or to keep from feeling anxious or stressed?		CIA1F01 Frequency
When did that start? How often does that happen? Is that usually why you use "substance"?	SUBSTANCE LIST 1 = Alcohol 2 = Cannabis 3 = Gocaine/Crack 4 = Amphet./Ice/Meth 5 = Inhalants 6 = Heroin/Opioids/X/Oxy 7 = Hallucinogens 8 = Sedatives	CIA1001 Onset /// CIA1102 CIA1103 CIA1104 CIA1105
		CIA1106 CIA1107 CIA1108 CIA1109

Definitions and questions Coding rules Codes TIME SPENT IN "SUBSTANCE" RELATED **BEHAVIOR** Amount of time spent in "substance" related behavior TIME SPENT CIA2101 including activities associated with getting and consuming Intensity 0 = < 1 hour per day "substance" and recovering from the effects of using "substance". 2 = 1-3 hours per day 3 = > 3 hours per day How much time do you spend using "substance"? SUBSTANCE LIST CIA2102 Or getting "substance", including locating it, going 1 = Alcohol after it, etc.? 2 = Cannabis A2103 Or getting it ready to use (whatever preparatory 3 = Cocaine/Crack measures are appropriate for the substances used)? 4 = Amphet./Ice/Meth Or recovering from the effects of using it (being CIA2104 5 = Inhalantshungover, sleeping it off, etc.)? 6 = Heroin/Opioids/X/Oxy How much time, in an average day, do you spend in 7 = Hallucinogens "substance-related" activities? CIA2105 8 = Sedatives CIA2106 CIA2107 CIA2108 CIA2109 COST OF SUBSTANCES PER WEEK IN LAST 3 MONTHS Have you spent any money on substances in the last 3 COST CIA2X02 months, including drugs or alcohol? Intensity 0 = NoHow much did you spend per week in the last 3 months 2 = Yeson drugs and alcohol? COST PER WEEK FOR ALL CIA2X01 SUBSTANCES COMBINED How do you pay for your use of "substance"? Where do you get the money?



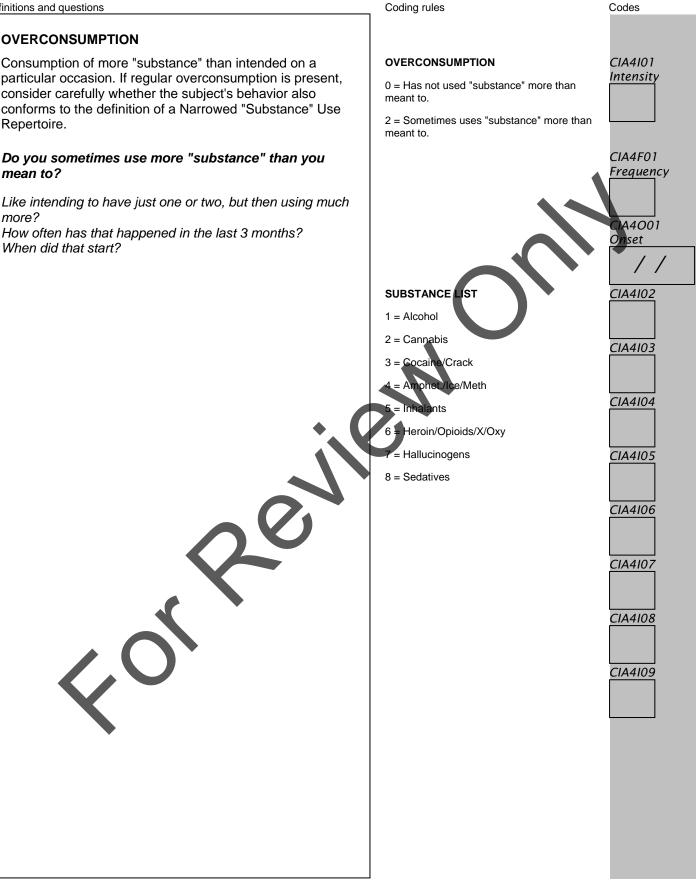


OVERCONSUMPTION

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?



UNCONTROLLABLE "SUBSTANCE" USE

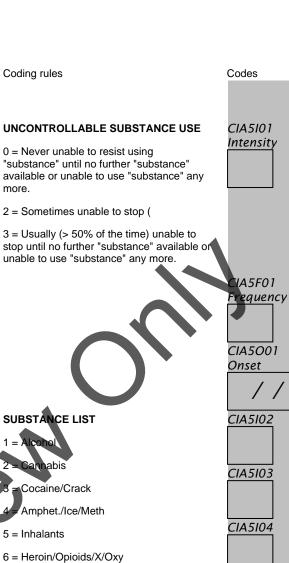
Episodes in which, whatever his/her original intentions, the subject keeps on using "substance" until unable to use "substance" any more, either because of the unavailability of further "substance" or because of physical incapability (e.g. severe nausea).

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?





8 = Sedatives



| |

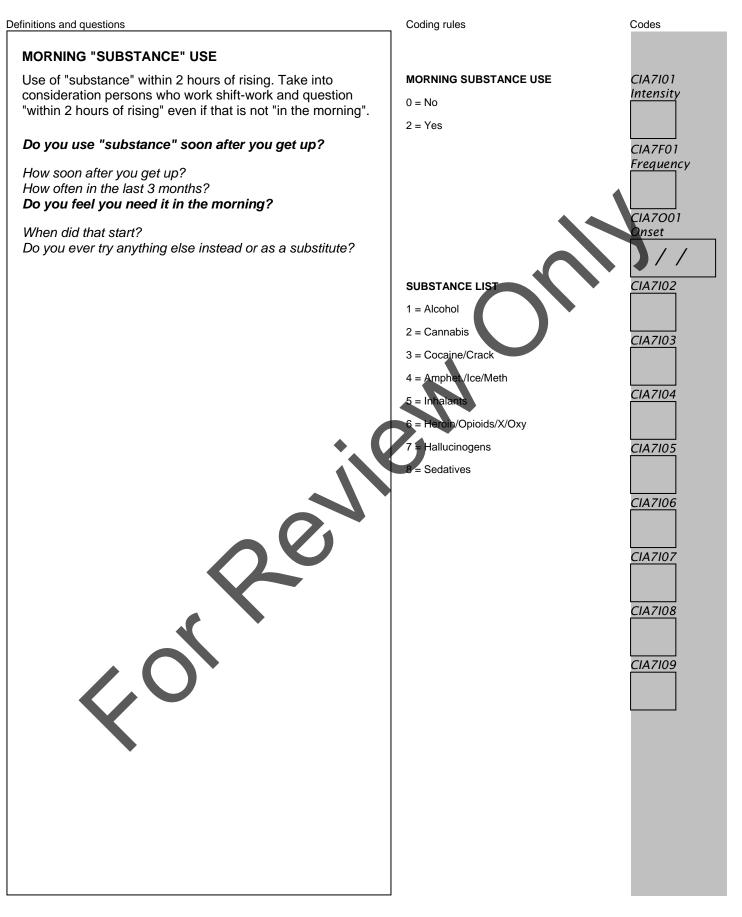
CIA5106



CIA5108



Definitions and questions Coding rules Codes NARROWED "SUBSTANCE" USE REPERTOIRE NARROWED "SUBSTANCE" USE The subject tends to use "substance" in the same way in CIA6101 REPERTOIRE any situation, even when a particular pattern may be Intensity inappropriate. For instance using "substance" heavily when 0 = Noon a first date, or using "substance" as much whether alone 2 = Yesor in company. Subject is unable to have a repertoire of substance using behaviors; patterns of heavy use are no CIA6001 longer differentiated by environment. Onset Do you "get high (drunk) (use substance)" in inappropriate circumstances? IA6102 SUBSTANCE LIST Like where? 1 = Alcohol Do you have different patterns of using "substance" in 2 = Cannabis different situations? CIA6103 3 = Cocaine/Crac Do you vary how you use "substances" depending on the 4 = Amphet./lce/Meth situation? CIA6104 When did that start to happen? 5 = Inhalants Like when you go on a date, as compared with when you 6 = Heroin/Opioids/X/Oxy are with your friends? llucinogens CIA6105 ative CIA6106 CIA6107 CIA6108 CIA6109



Definitions and questions Coding rules Codes **DISINHIBITED AGGRESSION** After using "substance" the subject has been verbally or DISINHIBITED AGGRESSION CIA8101 physically aggressive in a way that is not characteristic of Intensity 0 = Not unusually aggressive when under his/her behavior when not intoxicated. the influence of "substance'. 2 = Has been atypically verbally aggressive Have you gotten into any arguments when you were when under the infuence of "substance" "high (drunk)"? during last 3 months. 3 = Has been atypically physically When you've used a lot of "substance" do you get badaggressive when under the influence of tempered or angry? "substance" during last 3 months. More than usual? IA8F01 How often in last 3 months? equency When did that start? Have you gotten into any physical fights when you were "high (drunk)" in the last 3 months? CIA8001 Onset Do you think you are more aggressive when you use drugs or alcohol? | | How often? SUBSTANCE LIST CIA8102 When did that start? abis CIA8103 Cocaine/Crack Amphet./Ice/Meth CIA8104 5 = Inhalants6 = Heroin/Opioids/X/Oxy 7 = Hallucinogens CIA8105 8 = Sedatives CIA8106 CIA8107 CIA8108 CIA8109

Definitions and questions Coding rules Codes **DISINHIBITED SEXUALITY** After using "substance" the subject is sexually provocative, DISINHIBITED SEXUALITY CIA9101 or forward in a way that is not characteristic of his/her Intensity 0 = No episodes of disinhibited sexuality behavior when not intoxicated. during last 3 months. 2 = Has been atypically sexually Have you made a pass at anyone when you were "high disinhibited while under the influence of (drunk)'? "substance" during the last 3 months. 3 = Has sexually assualted someone while Have you tried to pick anyone up when you were "high under the influence of "substance", during (drunk)'? the last 3 months. Have you done anything of a sexual nature while drunk IA9F01 or high that you would not normally do? equency What happened? Is that the sort of thing that you would do when you hadn't CIA9001 been using "substance"? Onset How often in the last 3 months? When did that start? | | SUBSTANCE LIST CIA9102 abis CIA9103 Cocaine/Crack Amphet./Ice/Meth CIA9104 5 = Inhalants6 = Heroin/Opioids/X/Oxy 7 = Hallucinogens CIA9105 8 = Sedatives CIA9106 CIA9107 CIA9108 CIA9109

POOR JUDGMENT

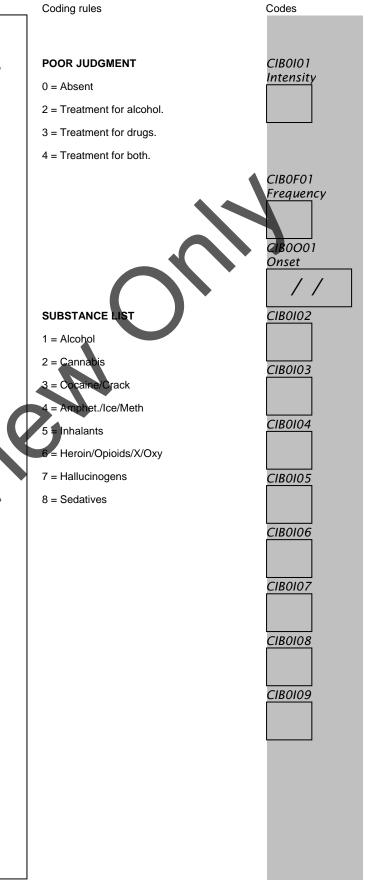
After using "substance", the subject shows poor judgment, as defined in the Mania section.

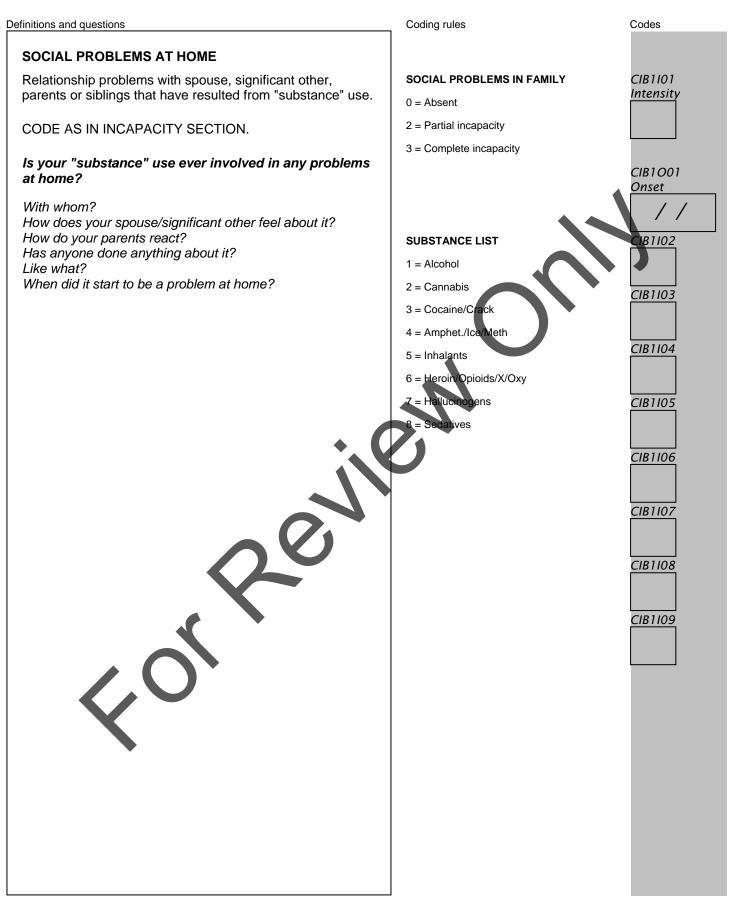
Uncharacteristic behaviors performed with disregard for possible negative consequences.

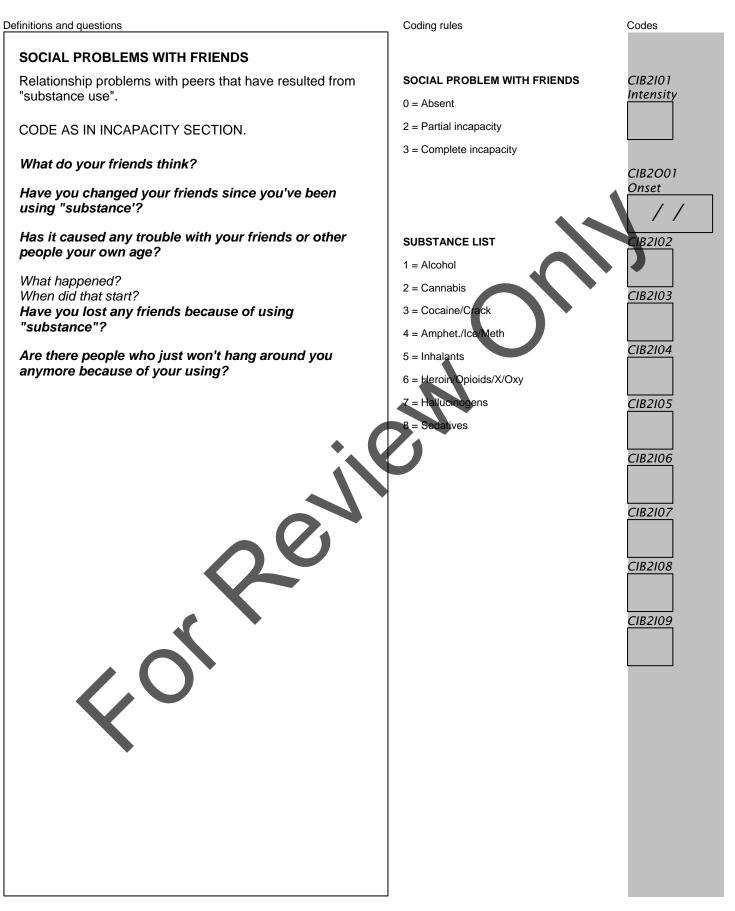
Did you do anything that you regret?

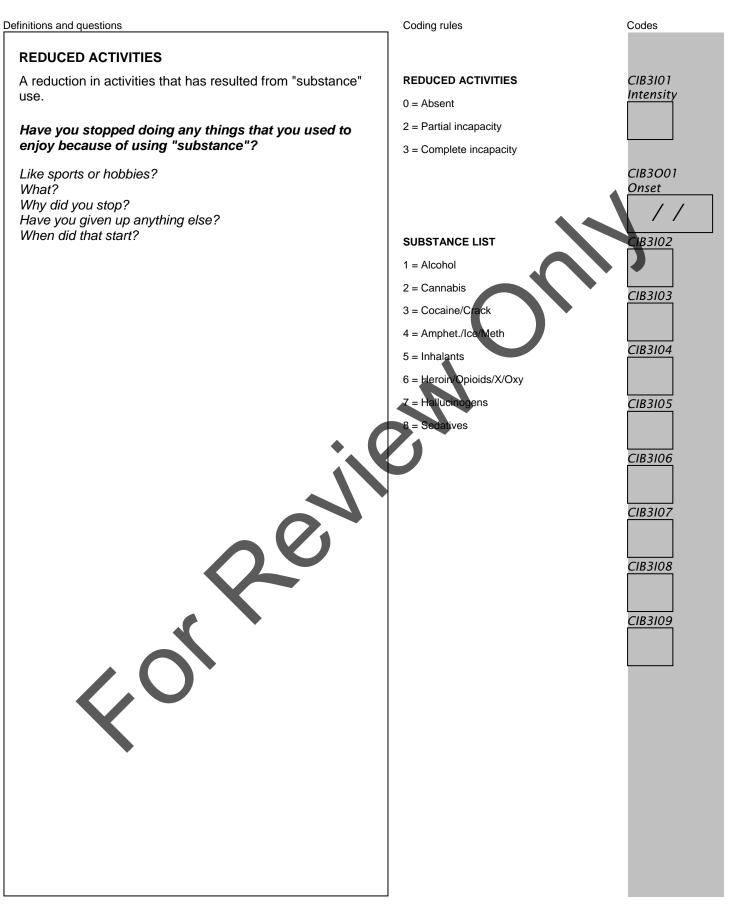
Or anything that seemed really stupid afterwards?

What? How many times in the last 3 months have you done something like that? When did that start?

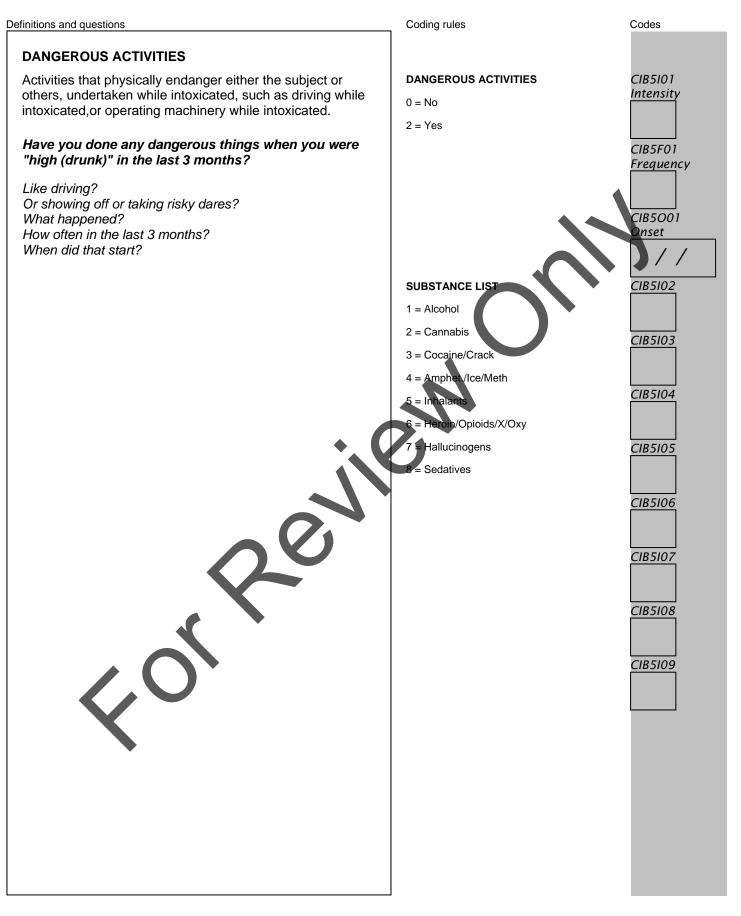






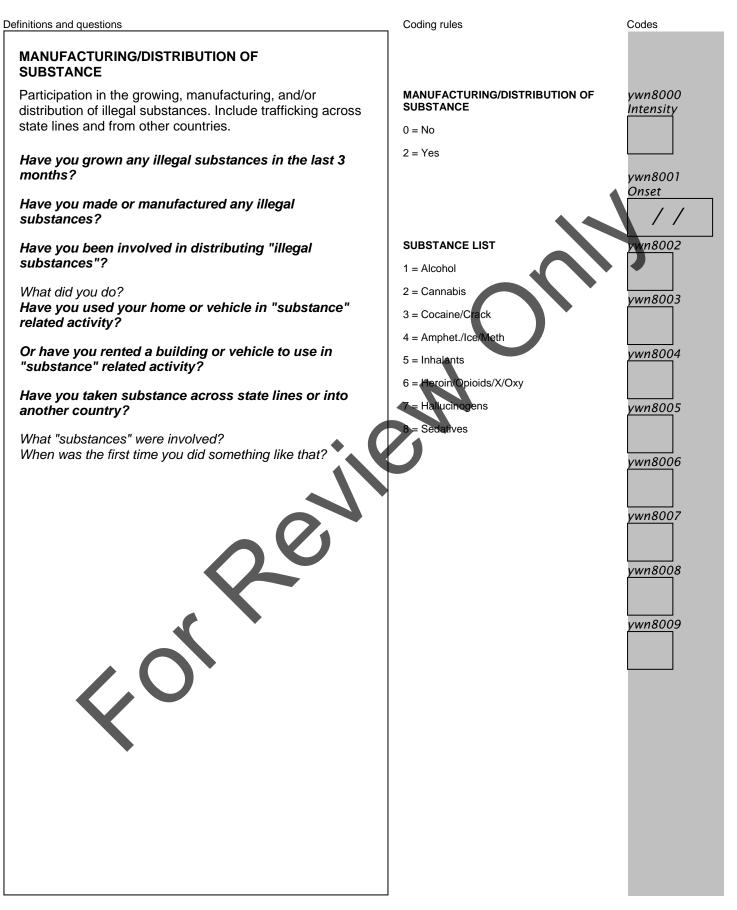


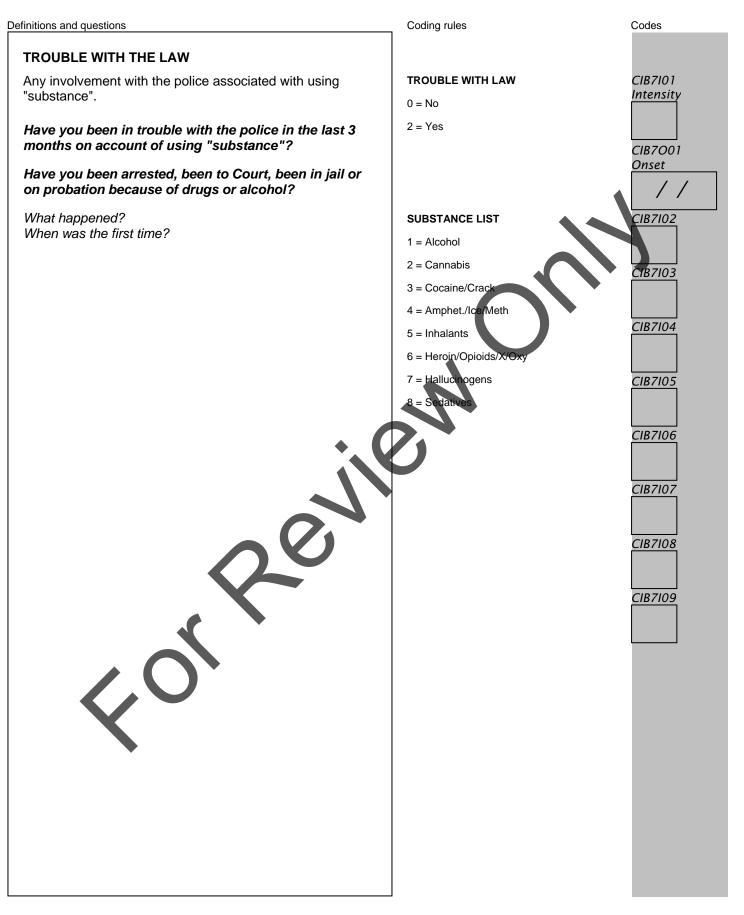
Definitions and questions Coding rules Codes SCHOOL/COLLEGE/UNIVERSITY/WORK AFFECTED Negative effects on school/college/university or work, SCHOOL/WORK AFFECTED CIB4101 performance and/or achievement that have resulted from Intensity 0 = Absent "substance" use. 2 = Partial incapacity CODE AS IN INCAPACITY SECTION. 3 = Complete incapacity CIB4001 Has your education or work ever been affected Onset because you were using "substance"? When was that? What happened? **B**4F01 MISSED SCHOOL С What about during the last 3 months? Have you ever been to school/college/university or work when you were "high (drunk)"? MISSED WOR CIB4F02 What happened? Have you gotten into any trouble there because "substance" was involved? SUBSTANCE LIST CIB4102 What happened? Have you neglected your studies or work because of nabi "substance"? CIB4103 Cocaine/Crack Have you missed any classes or work because of 4 Amphet./Ice/Meth "substance use"? CIB4104 5 = InhalantsHow much? 6 = Heroin/Opioids/X/Oxy When was that? What about in the last 3 months? 7 = Hallucinogens CIB4105 8 = Sedatives CIB4106 CIB4107 CIB4108 CIB4109



Wave	P eYAPA	2.0.3
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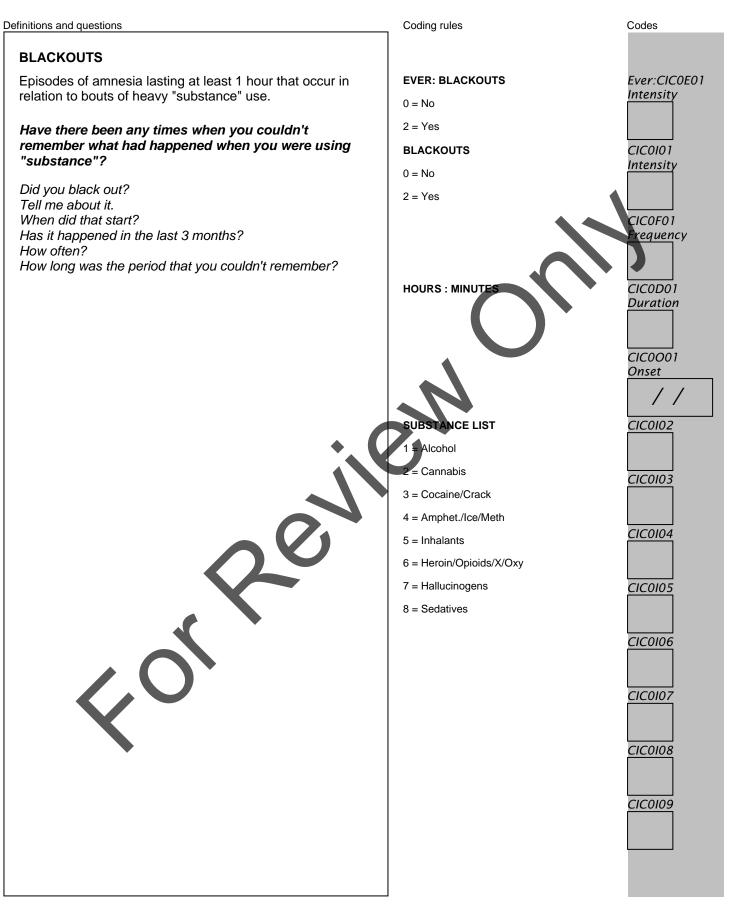
finitions and questions	Coding rules	Codes
"SUBSTANCE" RELATED CRIME		
Illegal activities undertaken either to obtain "substance", or associated with intoxication with "substance".	"SUBSTANCE" RELATED CRIME 0 = No	CIB6I01 Intensity
PROSTITUTION IS ALSO CODED AS SEXUAL ACTIVITY FOR GAIN.	2 = Yes	<i>CIB6001</i>
DEALING IS ALSO CODED AS DEALING DRUGS.		Onset
Have you done anything illegal while you were "high" in the last 3 months?	DEALING	CIB6102
	0 = No	
What did you do?	2 = Yes	
Did you get caught? What happened?	PROSTITUTION	
When was the first time?	PROSTITUTION	CIB6103
Have you ever stolen to get money for "substance"?	0 = No 2 = Yes	
Or stolen any "substance"?	SUBSTANCE LIST	CIB6104
<i>Have you ever been a runner or dealer to get money for "substance"?</i>	1 = Alcohol 2 = Cannabis	
Have you ever had sex with anyone or engaged in prostitution to get "substance"?	3 = Cocaine/Crack	CIB6I05
	4 = Amphet./Ice/Meth 5 = Inhalants	<i>CIB6106</i>
	6 = Heroin/Opioids/X/Oxy	
	7 = Hallucinogens	CIB6107
\sim	8 = Sedatives	
		CIB6I08
		CIB6109
		<i>CIB6I10</i>
		CIB6I11

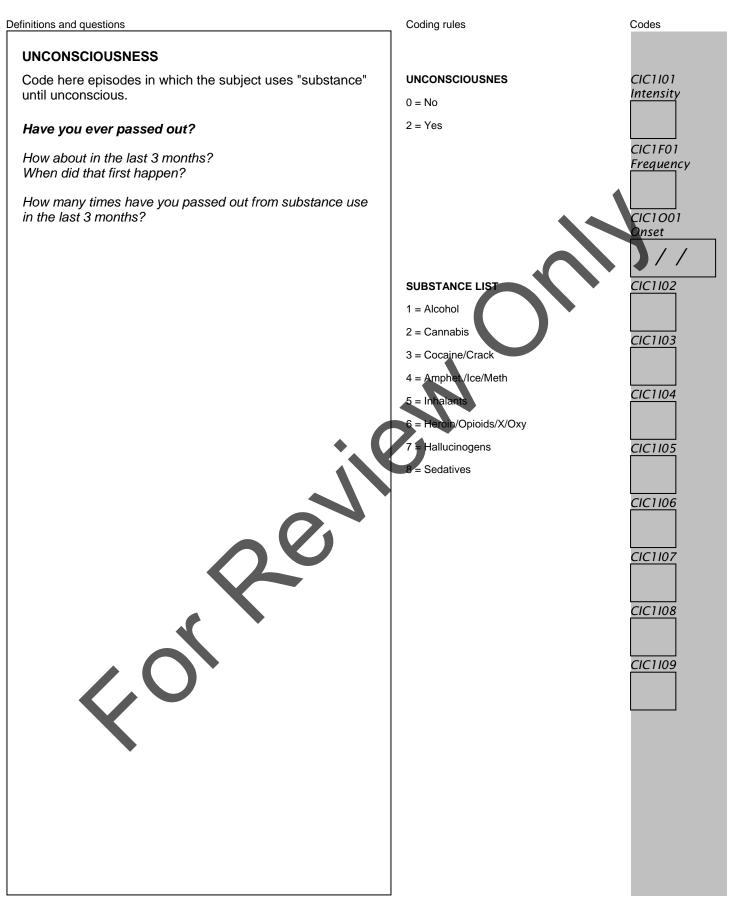




Definitions and questions Coding rules Codes MOOD LABILITY Unstable mood swings, often from excessive joviality to MOOD LABILITY CIB8101 maudlin misery or anxiety. Mood lability should only be Intensity 0 = Absent coded here if it is sufficiently pronounced as to lead to effects that seem inappropriate to the situation (such as 2 = Symptom intrusive into at least 2 activities and uncontrollable at least some copious, apparently unprovoked, weeping in a bar), or of the time. appear to have interfered with the normal course of conversation or activities. 3 = Symptom intrusive into almost all activities and hardly ever controllable. Does your mood change at all when you are high? CIB8001 Onset How do you feel? What is it like? Does you mood go way up and down? SUBSTANCE LIST ČIB8102 What about in the last 3 months? When did that start? 1 = Alcohol 2 = Cannabis CIB8103 3 = Cocaine/Cra 4 = Amphet./Ice/Meth CIB8104 Heroin/Opioids/X/Oxy Hallucinogens CIB8105 Sedatives CIB8106 CIB8107 CIB8108 CIB8109

Definitions and questions Coding rules Codes PHYSICAL PROBLEMS Include any physcial problems that either stem directly from PHYSICAL PROBLEMS CIB9101 intoxication (such as those resulting from injuries from an Intensity 0 = Absent accident while intoxicated), or that a physician has told the subject are related to "substance" use. 2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event". MAKE WRITTEN NOTE OF NATURE OF PHYSICAL CIB9001 PROBLEMS. Onset Have you had any other physical problems on account of "substance" in the last 3 months? SUBSTANCE LIST B9102 Like coughing, shortness of breath, nausea, headaches, 1 = Alcohol etc. Have you been to a Doctor as a result of substance use 2 = Cannabis CIB9103 in the last 3 months? 3 = Cocaine/Cra ck When did that start? 4 = Amphet./Ice/Meth Did anyone tell you that using "substance" was CIB9104 5 = Inhalants responsible? Were you hospitalized because of it? 6 = Heroin/Opioids/X/Oxy Did you keep on using "substance" anyway? ens CIB9105 ves CIB9106 CIB9107 CIB9108 CIB9109



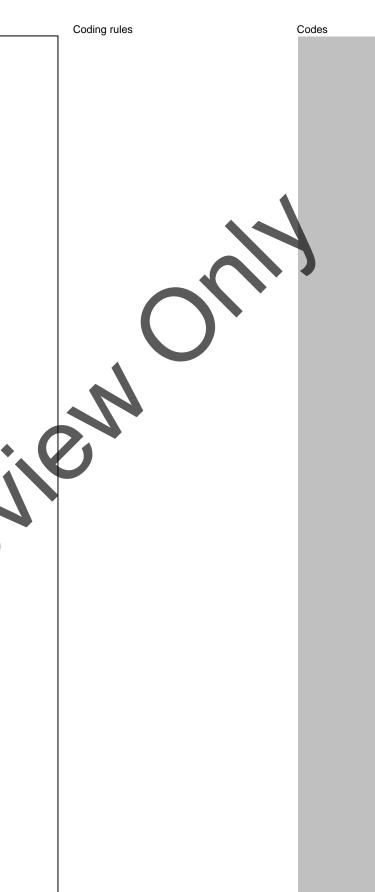


LIFE EVENTS

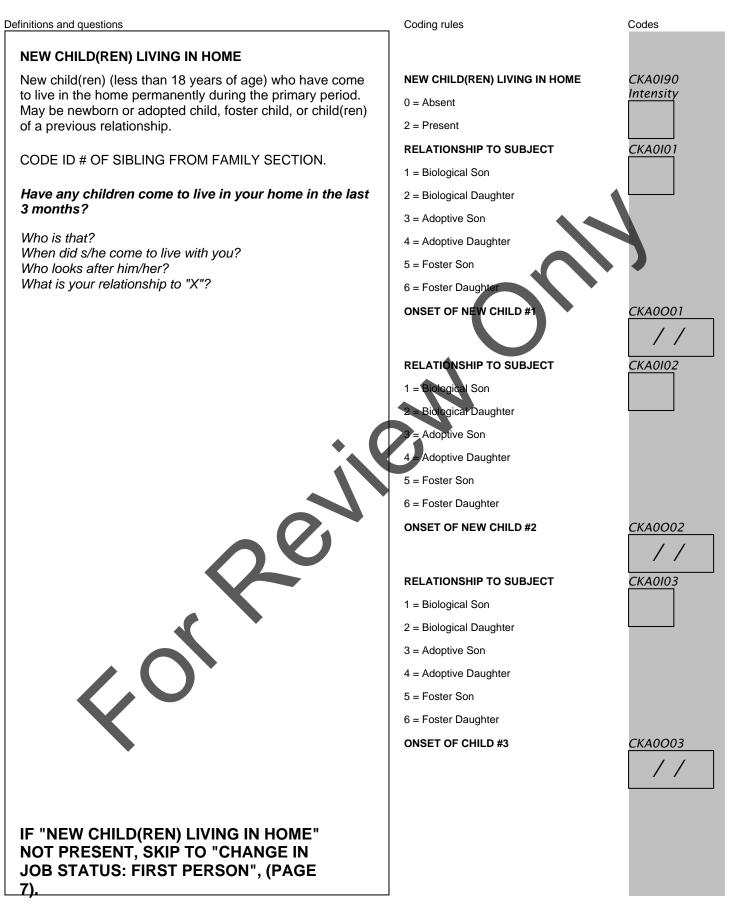
Events occurring in the life and environment of the subject including major stressors and life threatening events. Life threatening events are events that have caused, or had the potential to cause, death or severe injury. The events should be those in which people actually died or were seriously injured and/or property was extensively damaged, or those events which had the potential to have these outcomes. A person may also experience or witness an event that involves a serious threat to the physical or psychological integrity of him/herself or another person. An example would be sexual abuse or loss of a primarv caregiver/parent. MOST EVENTS SHOULD HAVE BEEN NOTED IN THE INTERVIEW BY THIS POINT. SOME EVENTS ARE CODED AS PRESENT IF THEY OCCUR TO THE SUBJECT OR SOMEONE CLOSE TO THE SUBJECT (E.G., CHILD, ROMANTIC PARTNER). FOR EACH EVENT THAT OCCURRED, COMPLETE ALL DESCRIPTORS, ATTRIBUTIONS, AND SCREENS. Descriptors: Questions to better characterize the individual's experience of the event. Attributions: Subject states that life event has contributed to a problem or symptom already identified. There are three (3) screens: painful recall, avoidance, and hyperarousal. Painful Recall: Subject experiences unwanted, painful and distressing recollections, memories, thoughts, or images of life event. Avoidance: Subject avoids situations. thoughts, or feelings that might provoke painfu 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 ANY OF 3 SCREENS IS ENDORSED, NOTE ON PTSD CHECKLIST.

GROUP A EVENTS

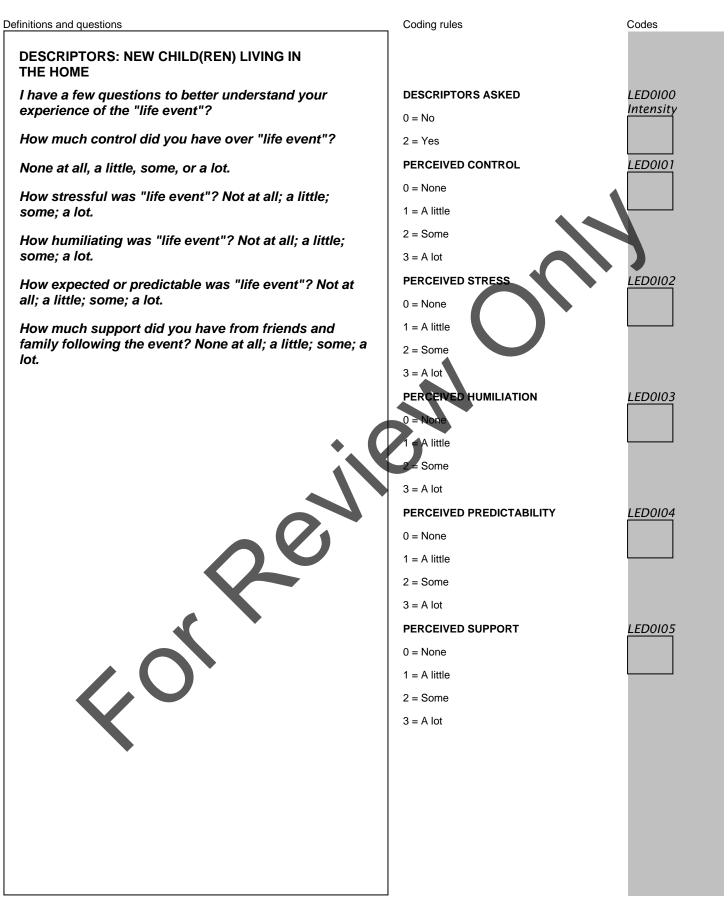
If any "Group A" event(s) code (with at least one positive PTSD screen), remember to complete PTSD-A section.

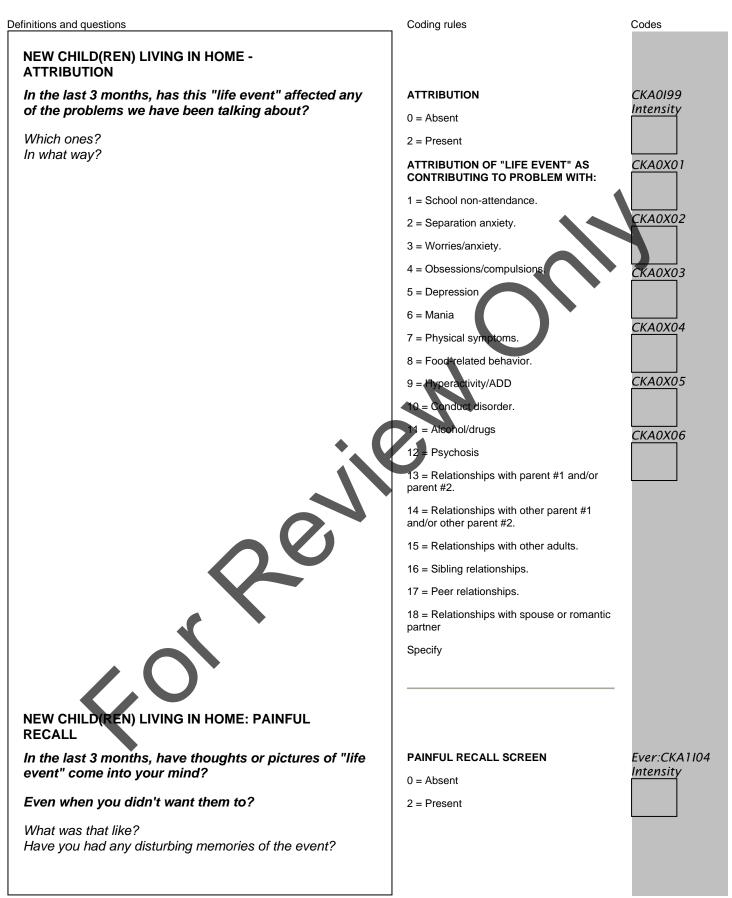


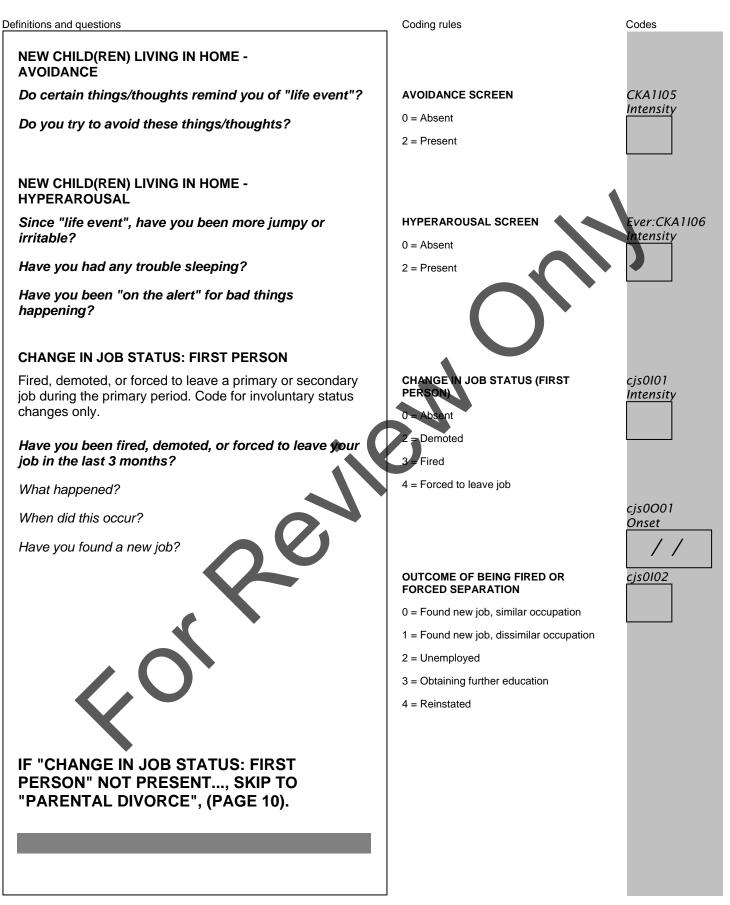
Definitions and questions Coding rules Codes ***Interviewer instruction: Inform subject that you will be asking about all kinds of events that may have happened in the last 3 months and in their lifetime. Tell them that at the end of the section, you will ask them if any of these events happened to someone close to them. Prompt them to be thinking about that throughout the section so that they can tell you about any significant event happening to someone close to them.

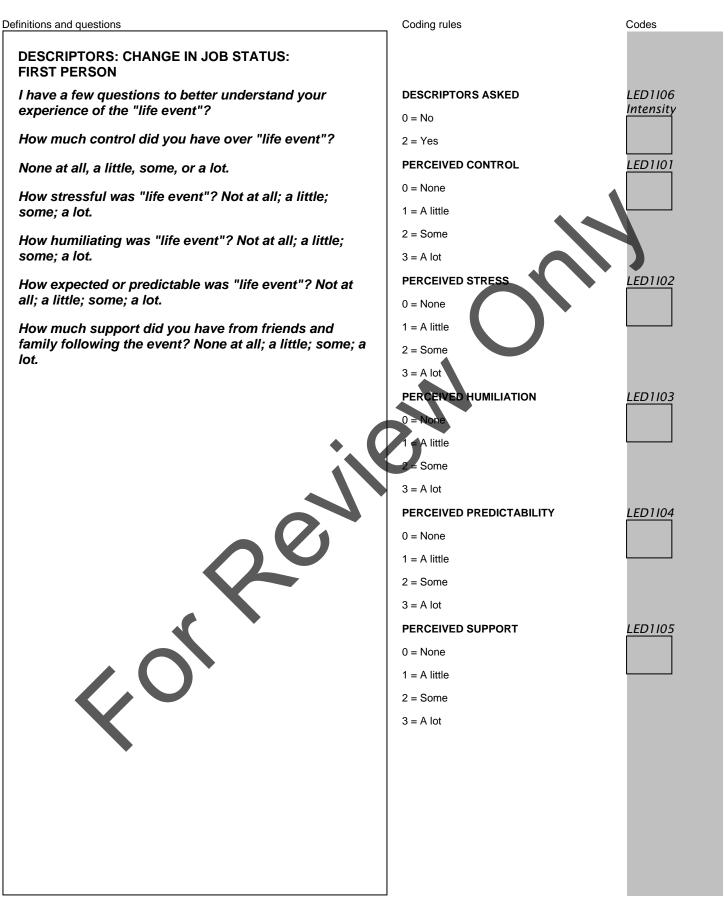


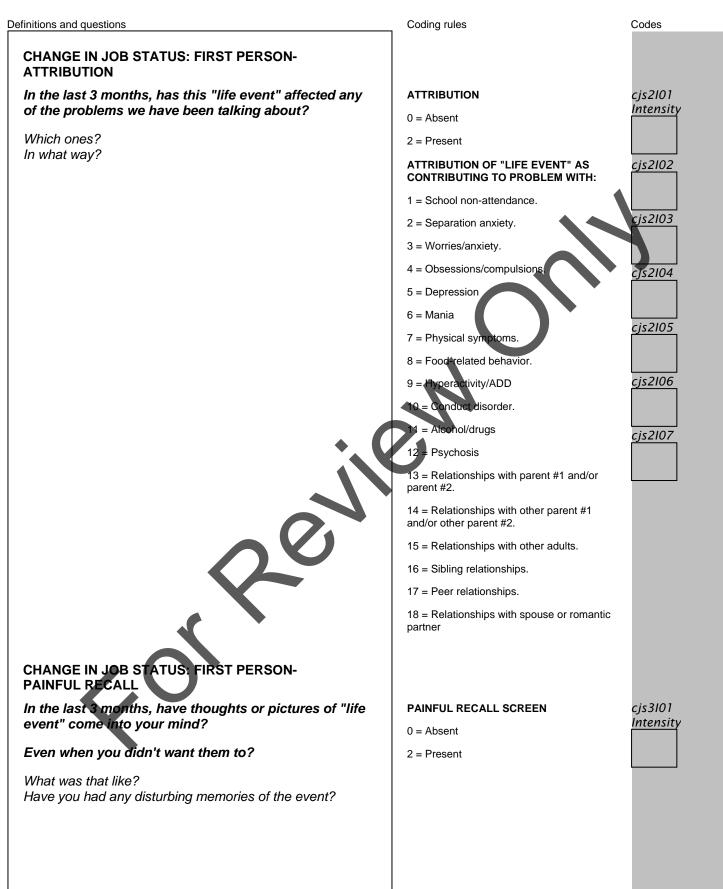


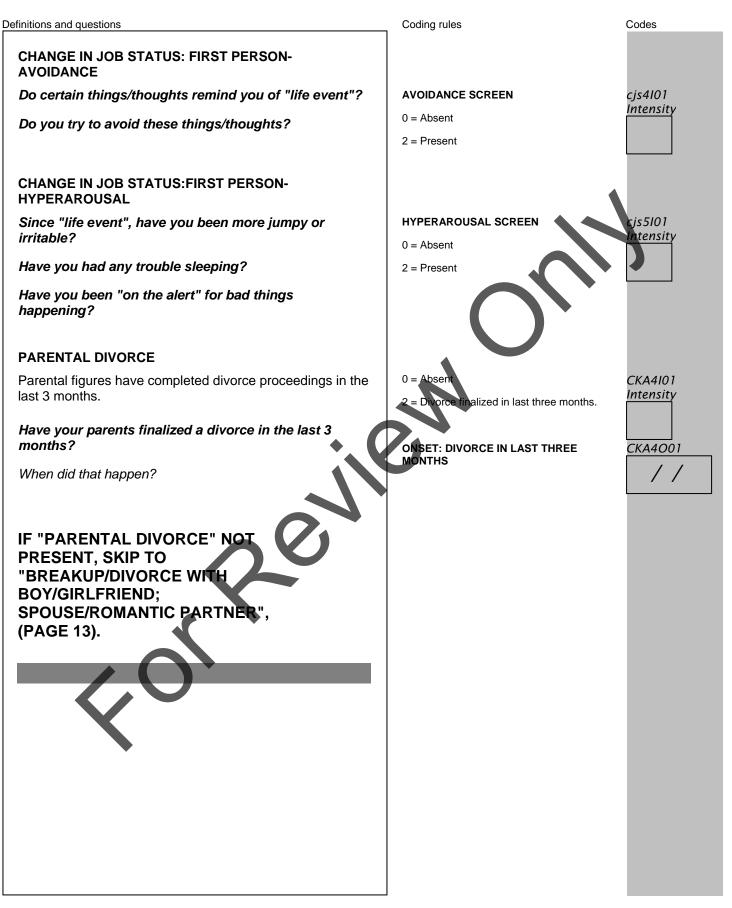




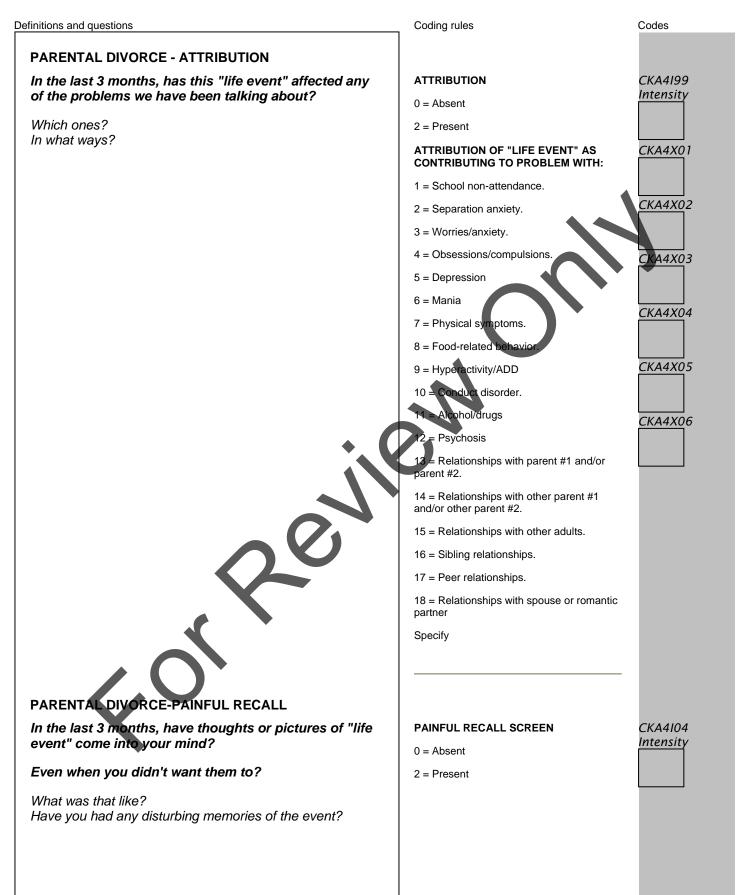


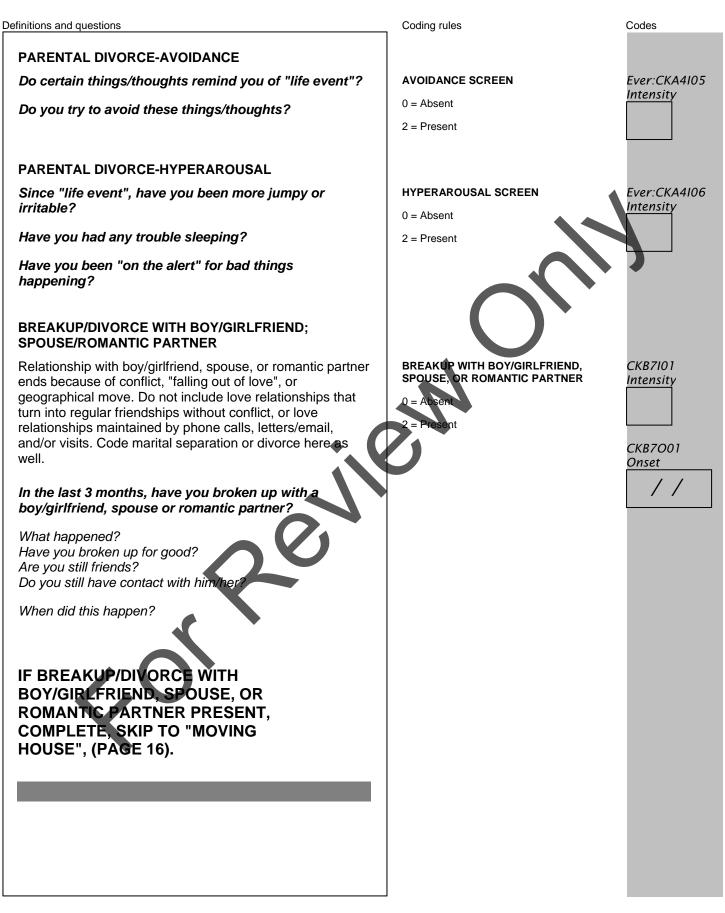




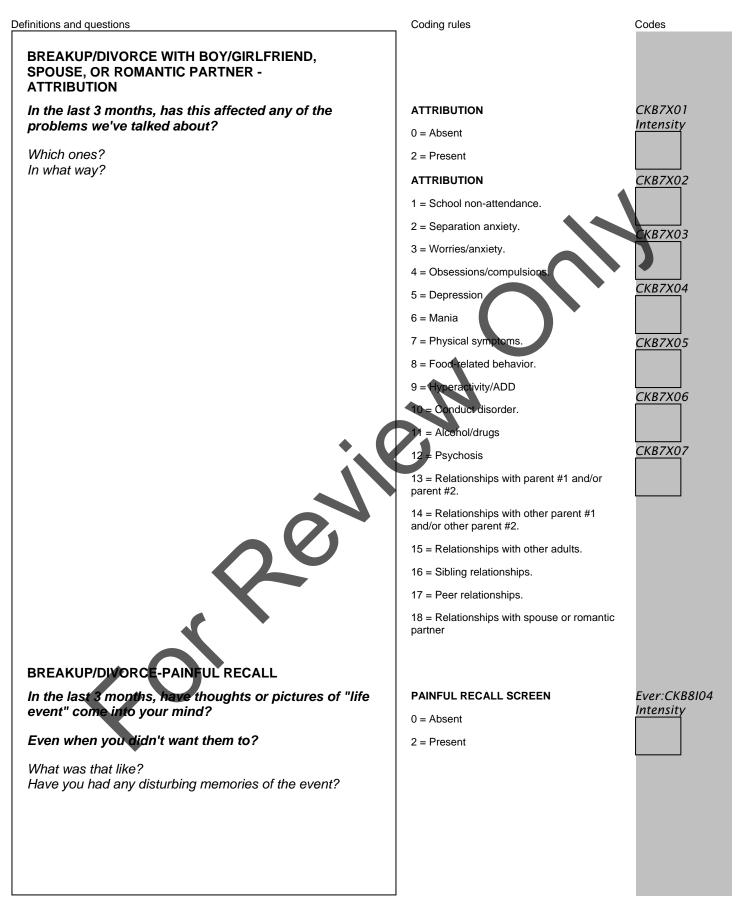


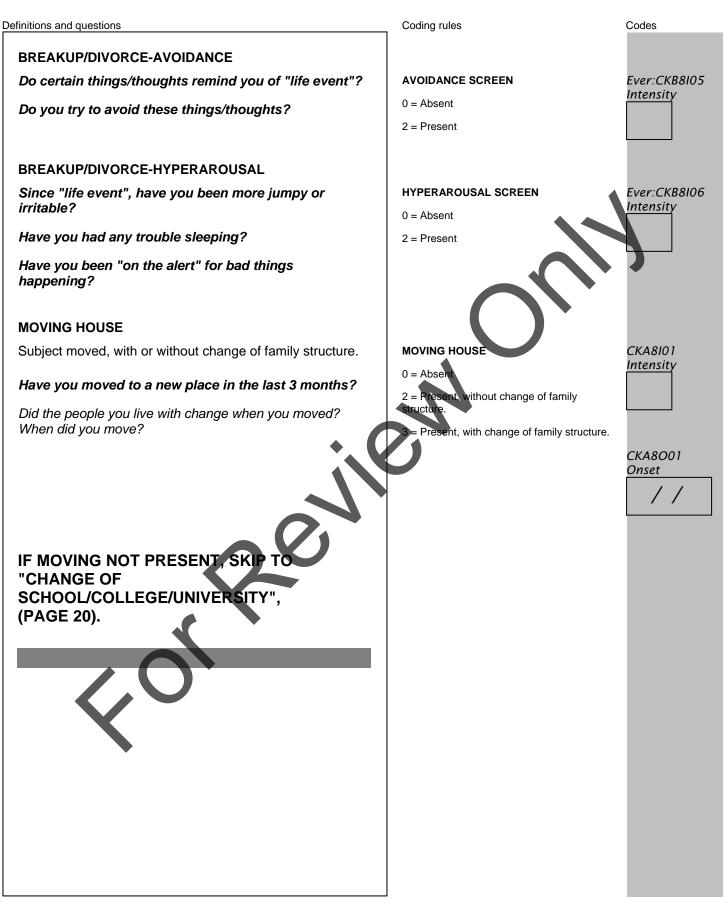
finitions and questions	Coding rules	Codes
DESCRIPTORS: PARENTAL DIVORCE		
I have a few questions to better understand your experience of the "life event"?	DESCRIPTORS ASKED	cka6X00
	0 = No	Intensity
How much control did you have over "life event"?	2 = Yes	
None at all, a little, some, or a lot.	PERCEIVED CONTROL	cka6X01
<i>How stressful was "life event"? Not at all; a little; some; a lot.</i>	0 = None	
	1 = A little	
How humiliating was "life event"? Not at all; a little;	2 = Some	
some; a lot.	3 = A lot	
How expected or predictable was "life event"? Not at all; a little; some; a lot.	PERCEIVED STRESS	cka6X02
	0 = None	
How much support did you have from friends and family following the event? None at all; a little; some; a lot.	1 = A little	
	2 = Some 3 = A lot	
		cka6X03
◆ .	2 = Some	
	3 = A lot	
	PERCEIVED PREDICTABILITY	cka6X04
	0 = None	
	1 = A little	
	2 = Some	
	3 = A lot	
	PERCEIVED SUPPORT	cka6X05
	0 = None	
	1 = A little	
	2 = Some	
	3 = A lot	
•		

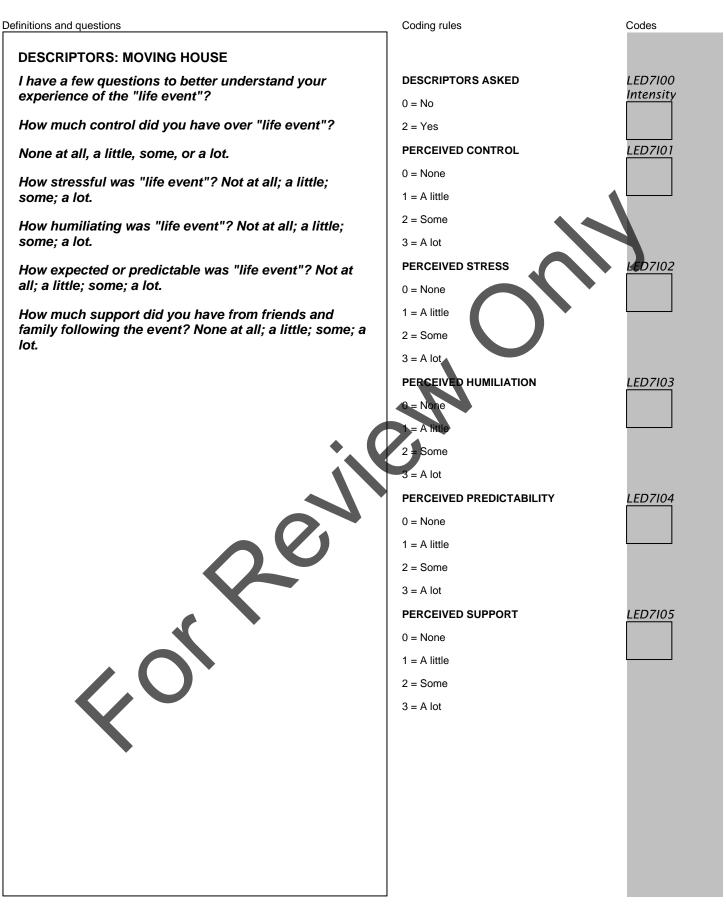


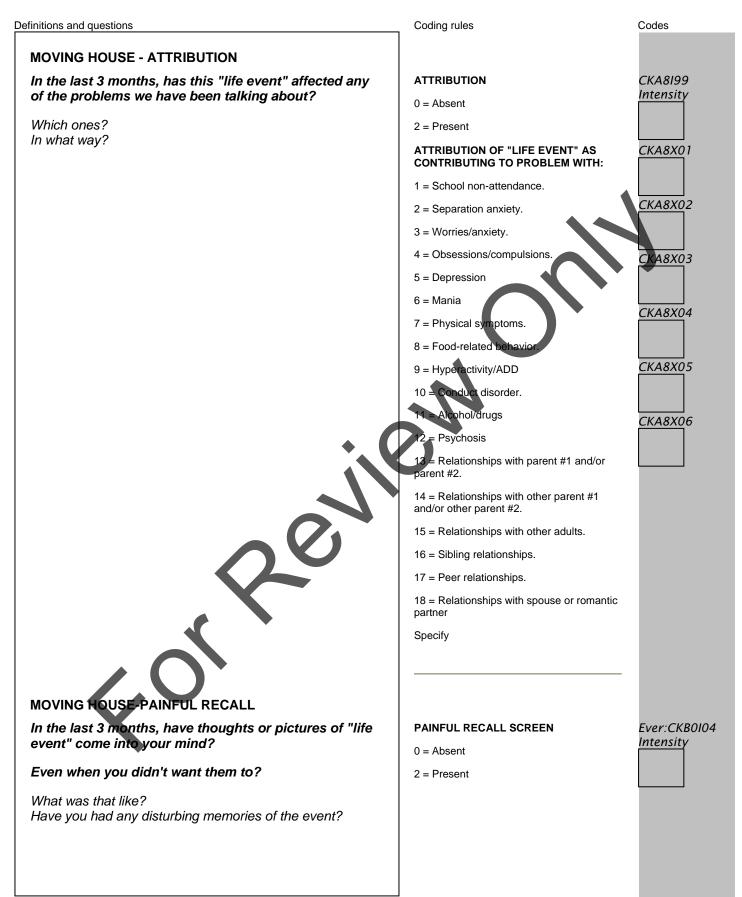


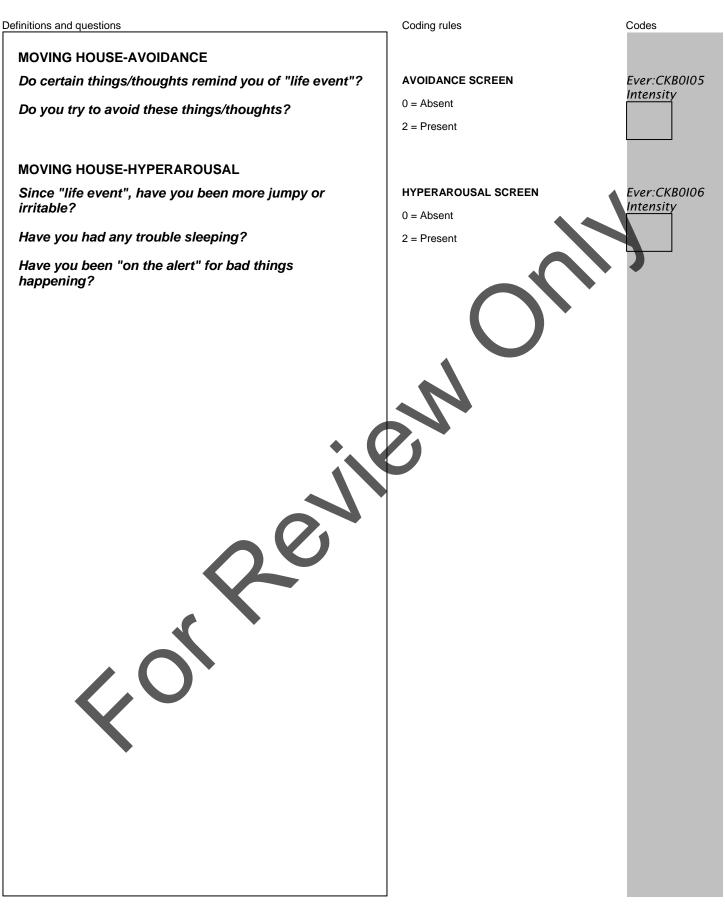
finitions and questions	Coding rules	Codes
DESCRIPTORS: BREAKUP/DIVORCE		
<i>I have a few questions to better understand your experience of the "life event"?</i>	DESCRIPTORS ASKED	LED2100
	0 = No	Intensity
How much control did you have over "life event"?	2 = Yes	
None at all, a little, some, or a lot.	PERCEIVED CONTROL	LED2101
How stressful was "life event"? Not at all; a little;	0 = None	
some; a lot.	1 = A little	
How humiliating was "life event"? Not at all; a little;	2 = Some	
some; a lot.	3 = A lot	
How expected or predictable was "life event"? Not at	PERCEIVED STRESS	LED2102
all; a little; some; a lot.	0 = None	
How much support did you have from friends and family following the event? None at all; a little; some; a lot.	1 = A little	
	2 = Some	
	3 = A lot	
	PERCEIVED HUMILIATION	LED2103
	0 = None	
	1 = A little	
	2 = Some	
	3 = A lot	
	PERCEIVED PREDICTABILITY	LED2104
\mathbf{O}	0 = None	
$\sim \circ$	1 = A little	
	2 = Some	
X	3 = A lot	
	PERCEIVED SUPPORT	LED2105
	0 = None	
	1 = A little	
	2 = Some	
	3 = A lot	
•		







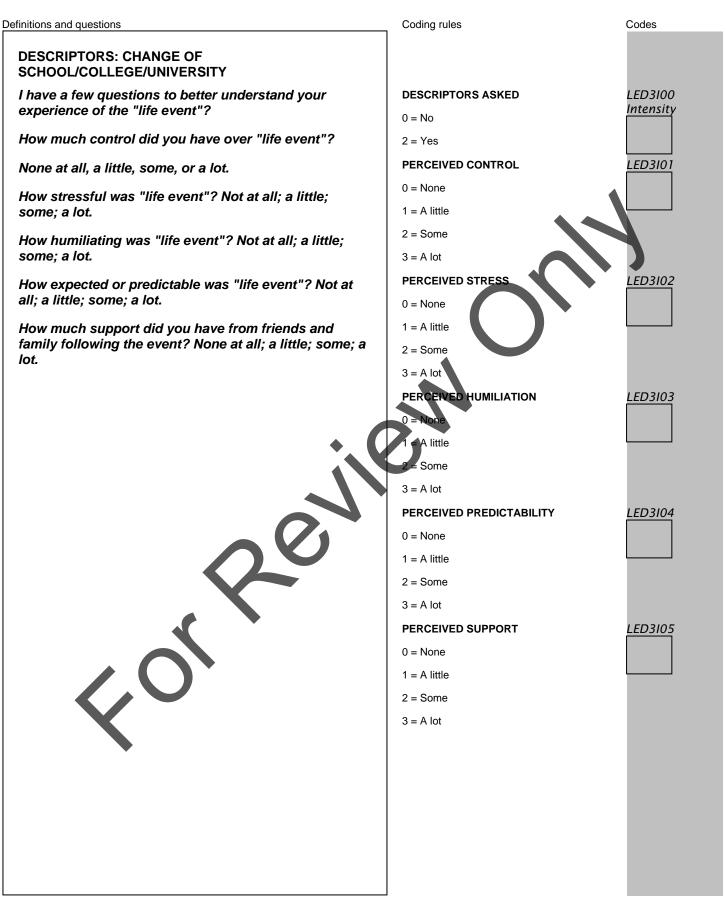


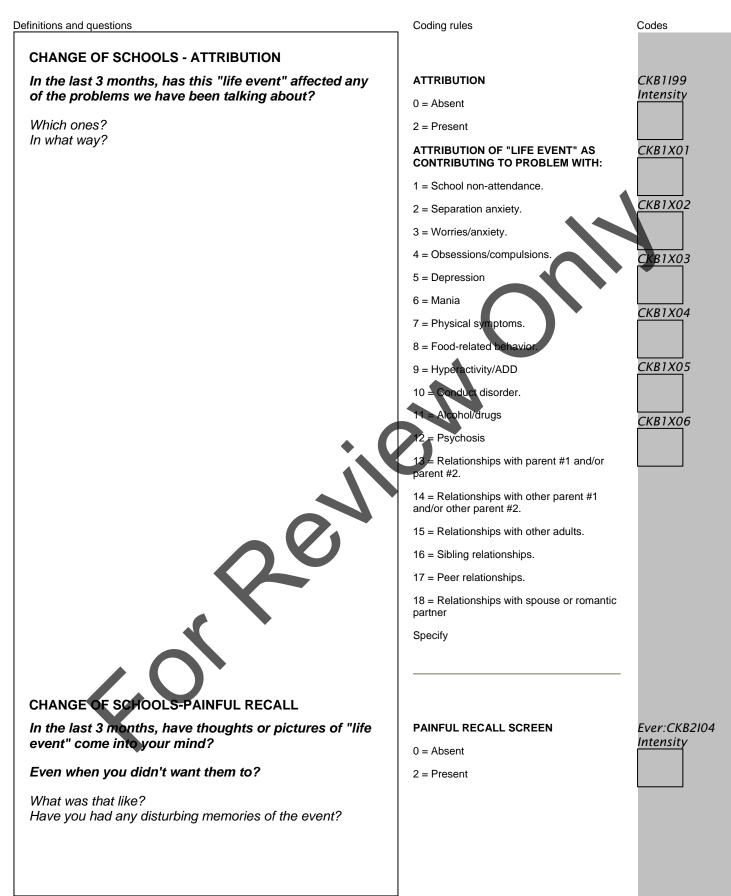


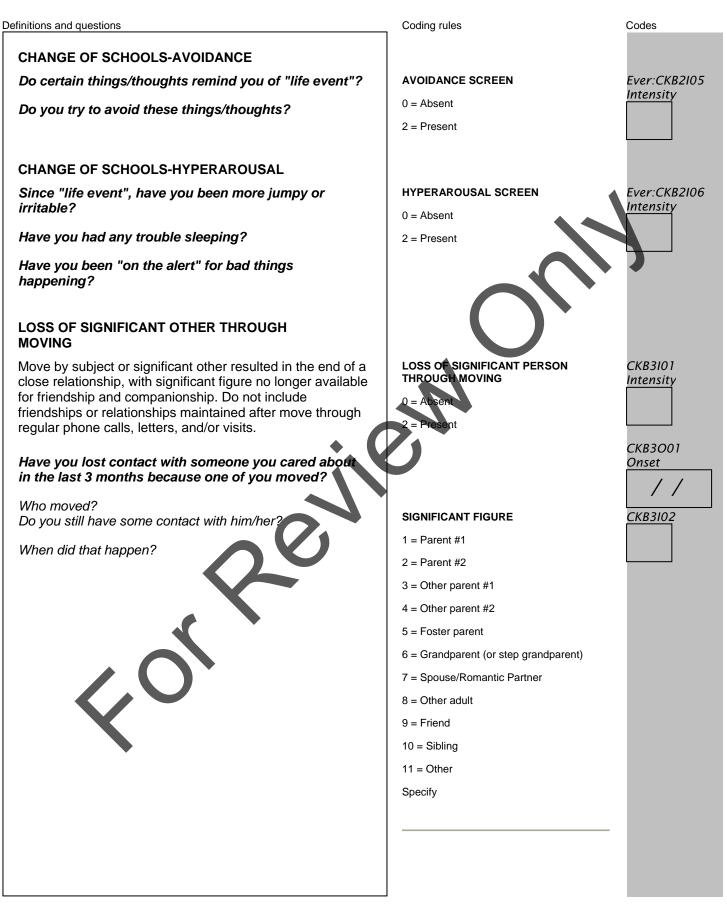
Definitions and questions Coding rules Codes CHANGE OF SCHOOL/COLLEGE/UNIVERSITY CHANGE OF Subject changed schools/colleges/universities. Change CKB1101 SCHOOL/COLLEGE/UNIVERSITY may be routine (from 2-year school to 4-year school or from Intensity undergraduate to graduate school) or non-routine either 0 = Absent because of moving, family choice, necessity, or expulsion 2 = Present from previous school. СКВ1О01 Have you changed schools in the last 3 months? Onset What change occurred? Did you start at a college or university for the first time CHANGE (CODE ONE) KB1102 in the last 3 months? 1 = New school/college/university with Why did this change happen? friend(s). When did these changes occur? 2 = New school/college/univer ity without Are any friends from your old school/college/university at friend(s). the new one? Do you know anyone there? 3 = Non-routine change 4 = Starting school/college/university for first time Spec REASON (CODE ONE) CKB1103 1 Graduated previous school 2 = Changed to program not available at previous school 3 = Planned change of institution for advanced training 4 = Education required by employer 5 = Move6 = Family preference 7 = Need for special services. 8 = Expulsion from previous setting. 9 = Cost10 = Other Specify IF CHANGE OF SCHOOL NOT PRESENT, SKIP TO "LOSS OF SIGNIFICANT OTHER THROUGH MOVING", (PAGE 24).

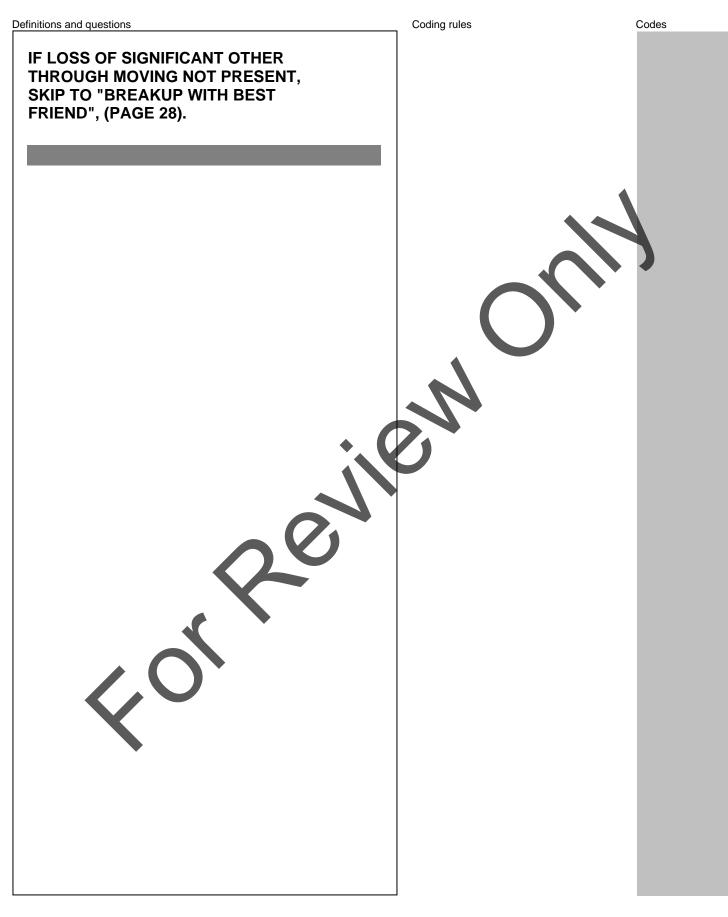
Life Events

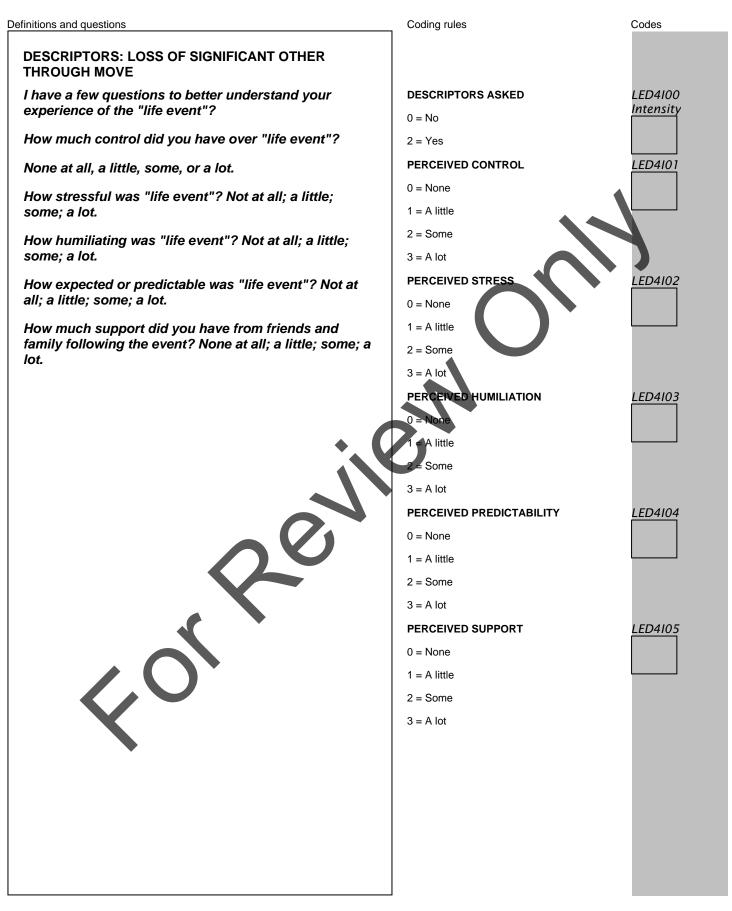


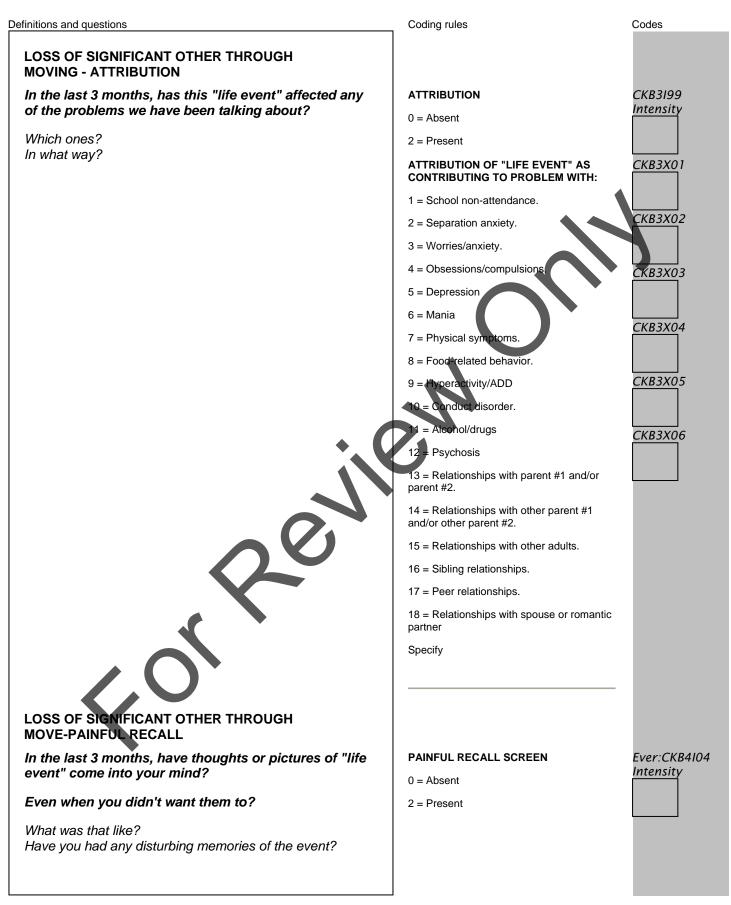


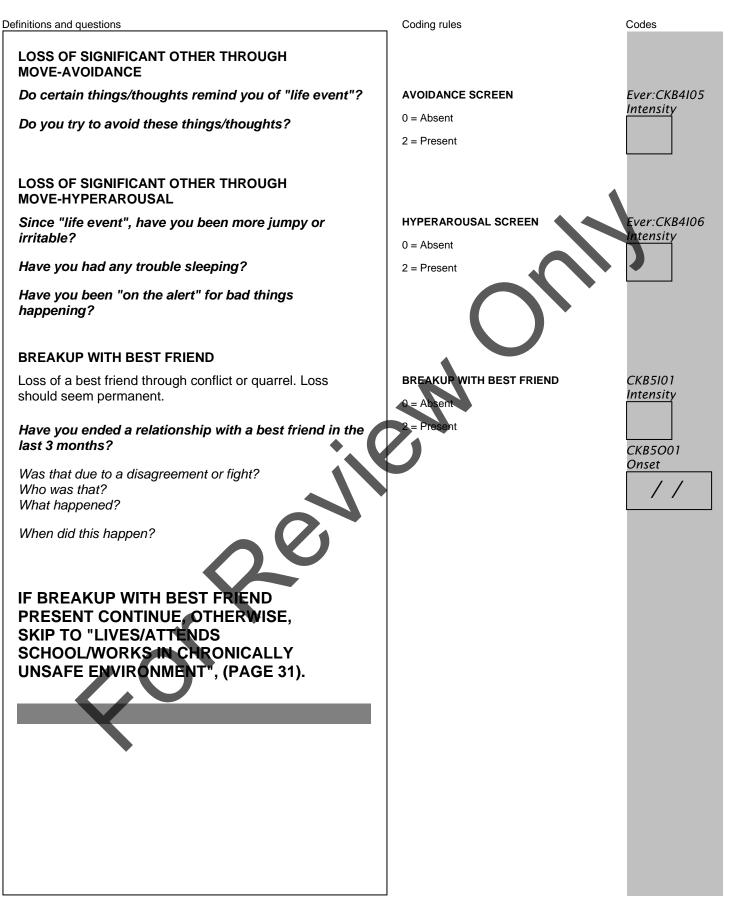


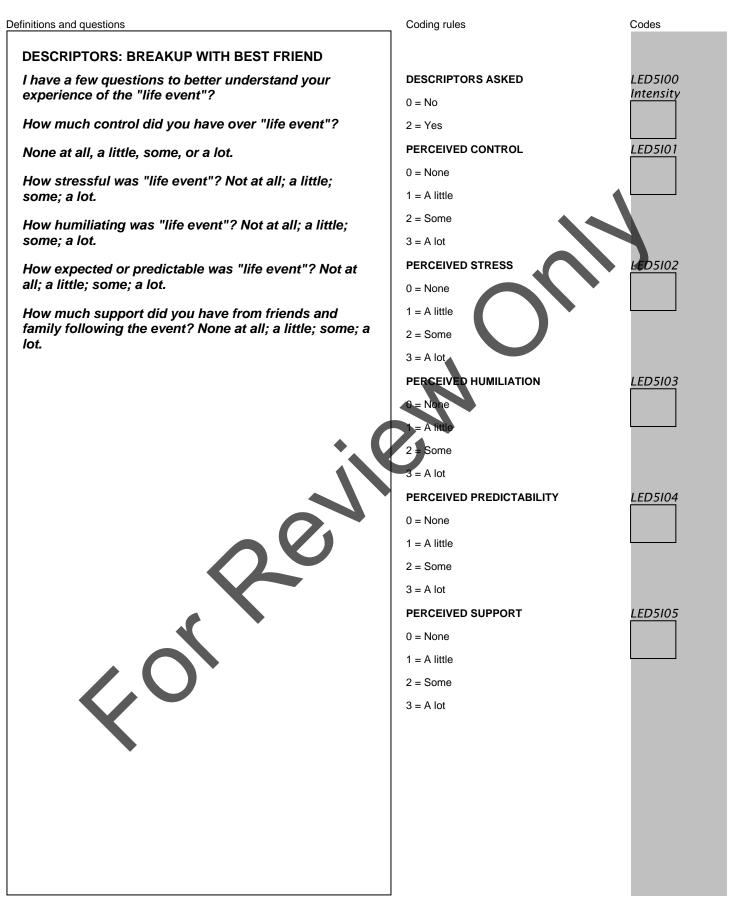


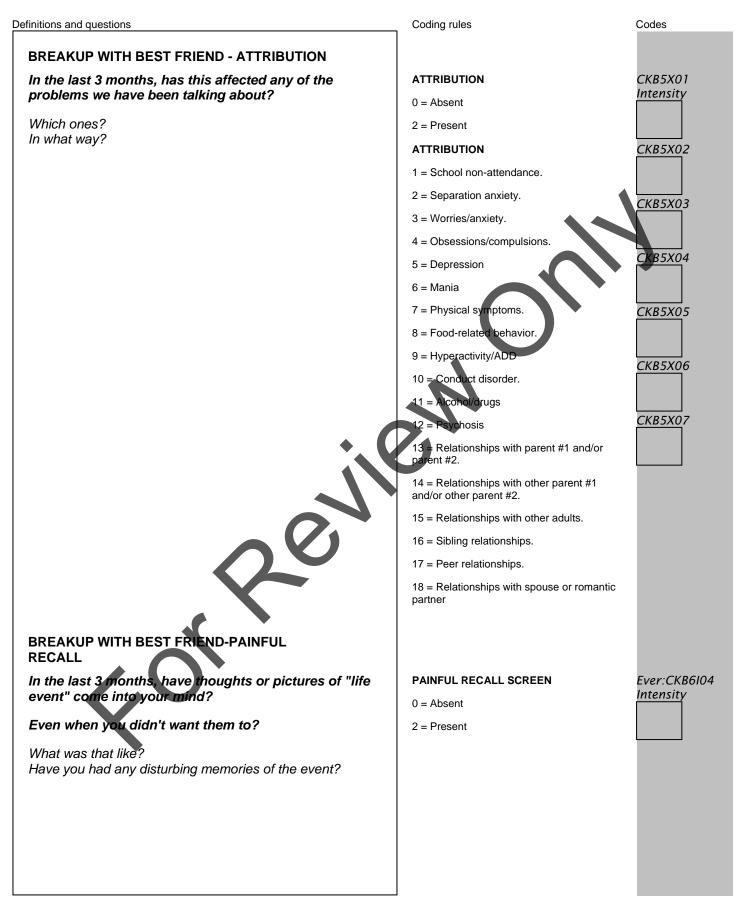


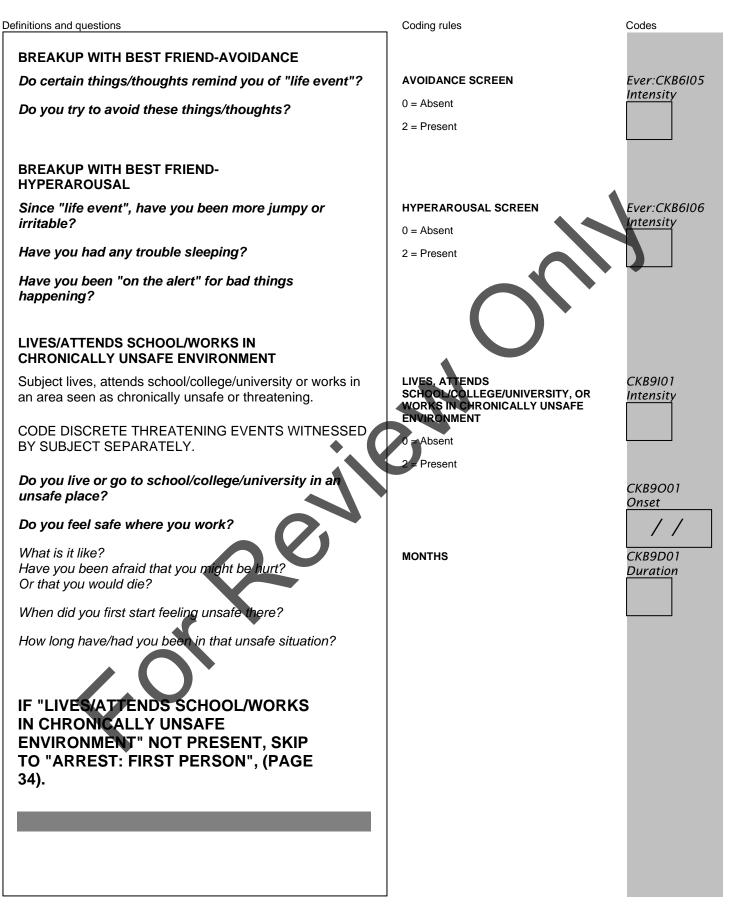


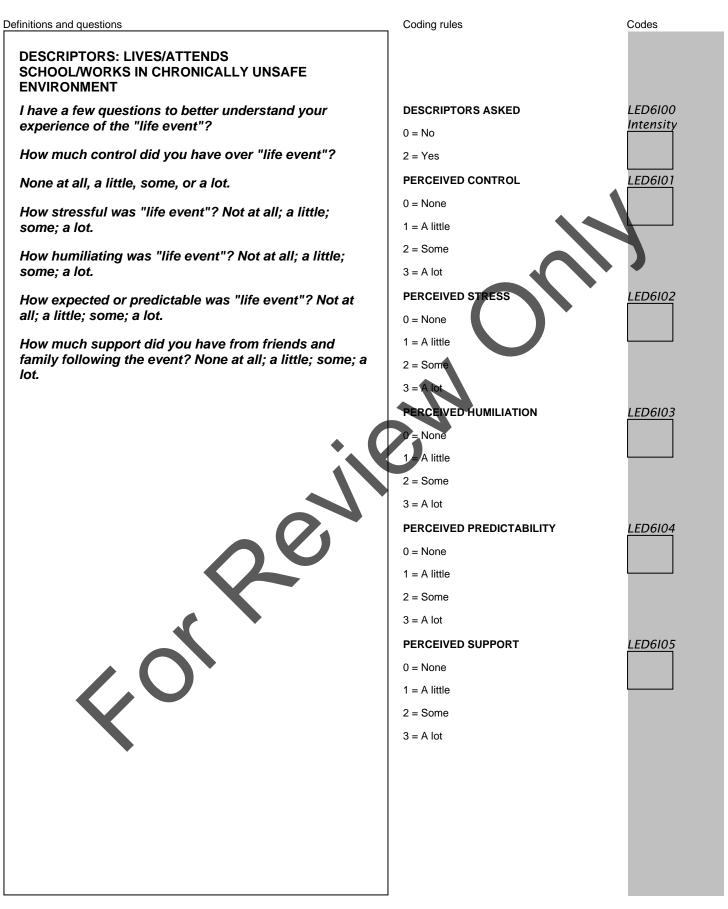


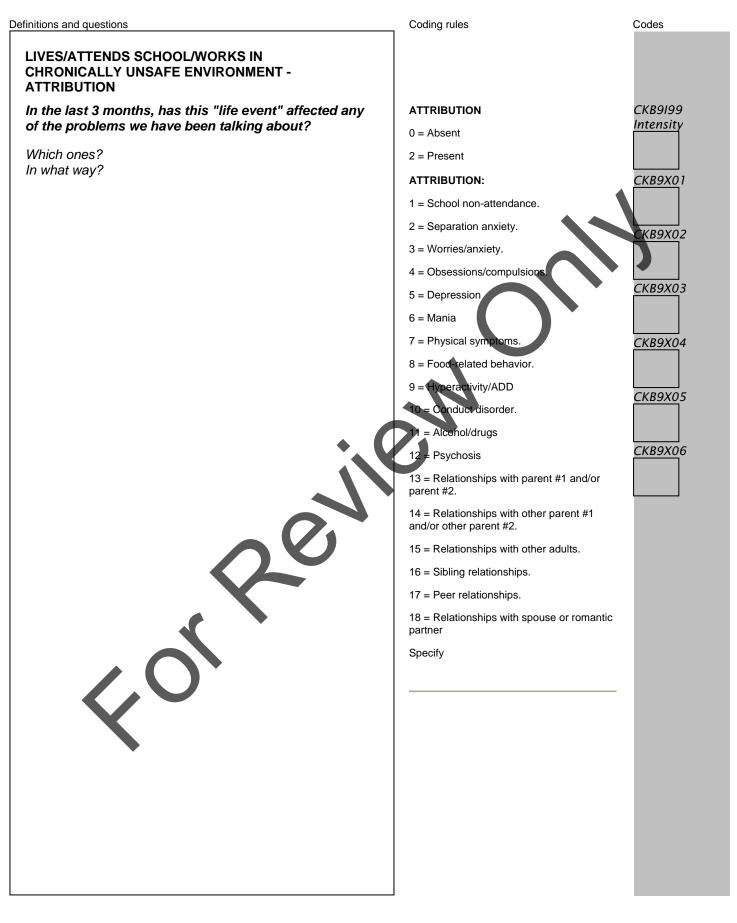


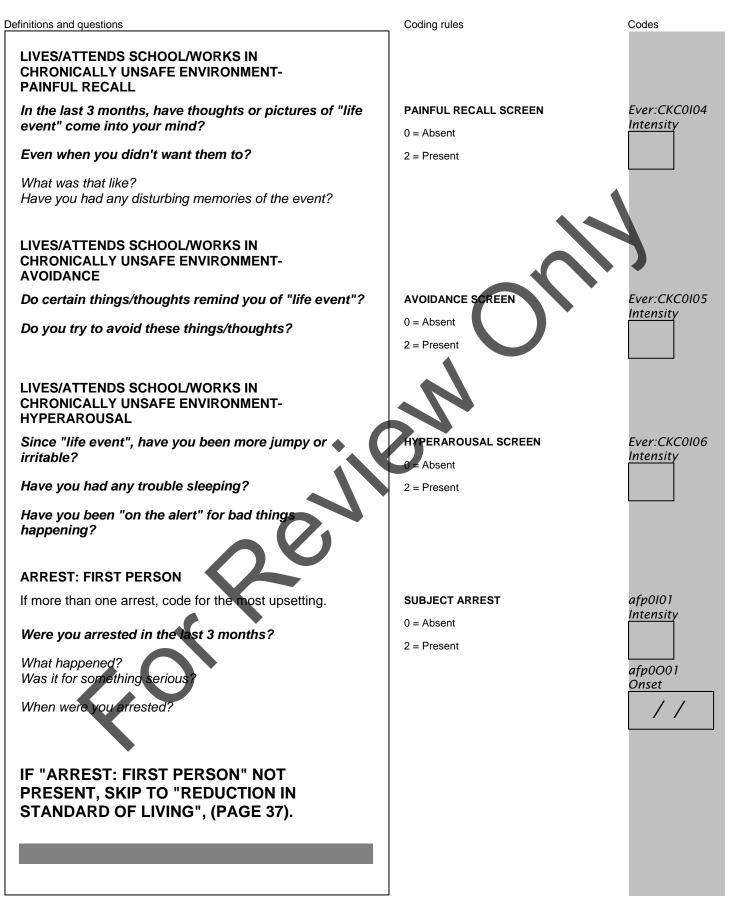






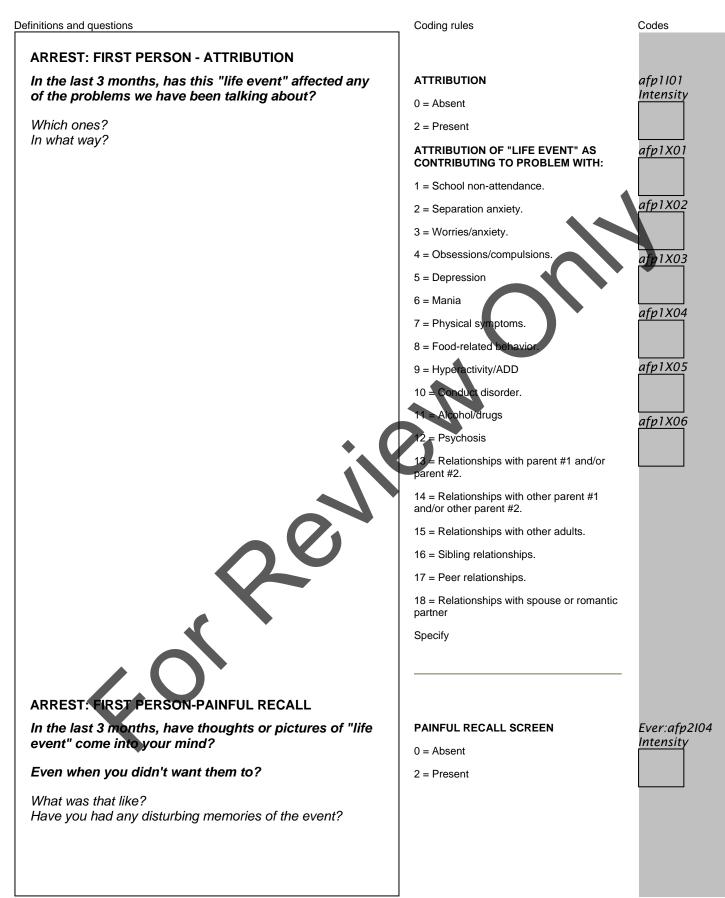






Wave P eYAPA 2.0.3

finitions and questions	_ Coding rules	Codes
DESCRIPTORS: ARREST: FIRST PERSON		
I have a few questions to better understand your experience of the "life event"?	DESCRIPTORS ASKED	LED8100 Intensity
How much control did you have over "life event"?	0 = No 2 = Yes	
None at all, a little, some, or a lot.	PERCEIVED CONTROL	LED8I01
How stressful was "life event"? Not at all; a little; some; a lot.	0 = None 1 = A little	
How humiliating was "life event"? Not at all; a little;	2 = Some	
some; a lot.	3 = A lot	
How expected or predictable was "life event"? Not at all; a little; some; a lot.	PERCEIVED STRESS	LED8102
	0 = None 1 = A little	
How much support did you have from friends and family following the event? None at all; a little; some; a lot.	2 = Some	
101.	3 = A lot	
	PERCEIVED HUMILIATION	LED8103
	0 = None 1 = A little	
•	2 = Some	
	3 = A lot	
	PERCEIVED PREDICTABILITY	LED8104
	0 = None	
$\sim \circ$	1 = A little	
	2 = Some	
X	3 = A lot	
		LED8105
	0 = None 1 = A little	
	2 = Some	
	3 = A lot	



Wave P eYAPA 2.0.3 Definitions and questions Coding rules ARREST: FIRST PERSON-AVOIDANCE AVOIDANCE SCREEN Do certain things/thoughts remind you of "life event"? 0 = Absent Do you try to avoid these things/thoughts? 2 = Present ARREST: FIRST PERSON-HYPERAROUSAL HYPERAROUSAL SCREEN Since "life event", have you been more jumpy or irritable? 0 = Absent Have you had any trouble sleeping? 2 = Present Have you been "on the alert" for bad things happening? **REDUCTION IN STANDARD OF LIVING REDUCTION IN STANDARD OF LIVING** Noticeable reduction of family standard of living as evidenced by inability to pay bills, need to sell things, need 0 = Absent to move (including moving in with relatives), going on 2 = Present, without change of family welfare or food stamps, inadequate food, clothing, heat. structure May be result of changes in household status and needs such as separation or divorce, death, taking in additional = Present, with change of family structure. dependents, high medical bills or loss of household income DATE OF CHANGE IN FINANCIAL due to cutback in hours, layoff or loss of job, inability to find STATUS employment, under-employment, loss of unemployment benefits, depletion of savings, etc. Has your family's income been less than usual in the last 3 months? What changes have resulted? Why have things changed? When did the change occur? IF "REDUCTION IN STANDARD OF LIVING" NOT PRESENT, SKIP TO "FORCED SEPARATION FROM HOME", (PAGE 40).

Codes

Ever:afp2105

Ever:afp2106

Intensity

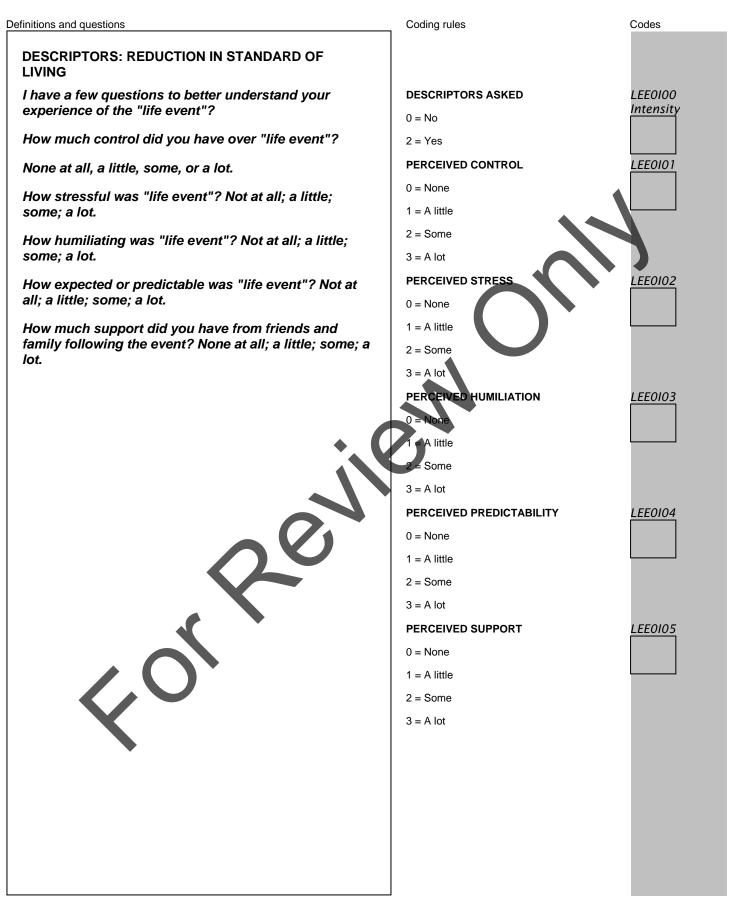
СКС3101

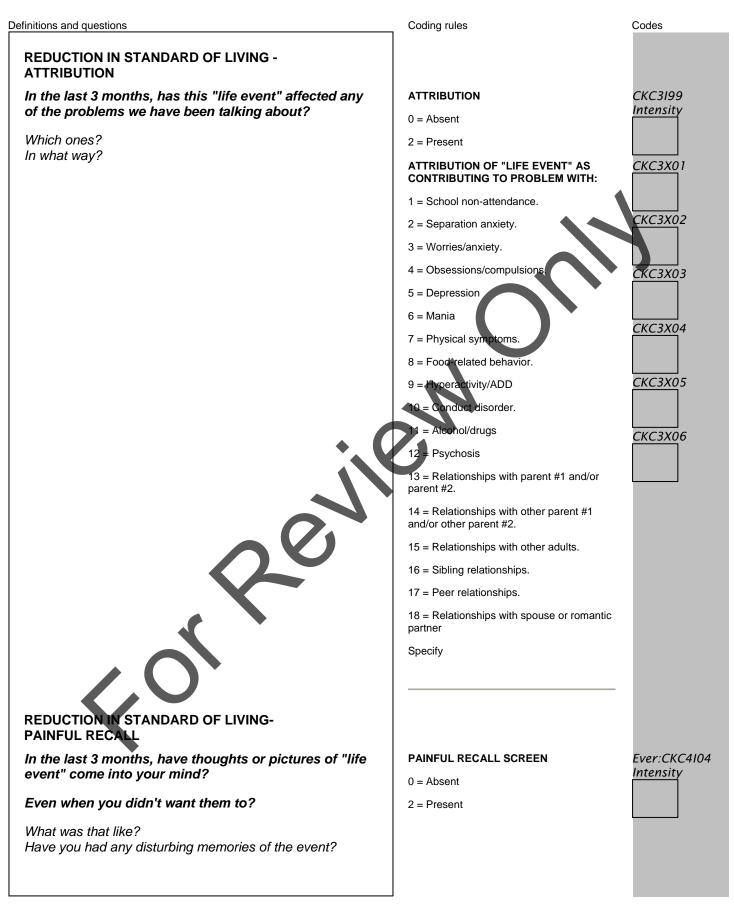
Intensity

СКС3001

| |

Intensity





Definitions and questions

REDUCTION IN STANDARD OF LIVING-AVOIDANCE

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

Do you try to avoid these things/thoughts?

REDUCTION IN STANDARD OF LIVING-HYPERAROUSAL

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

Have you had any trouble sleeping?

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

FORCED SEPARATION FROM HOME

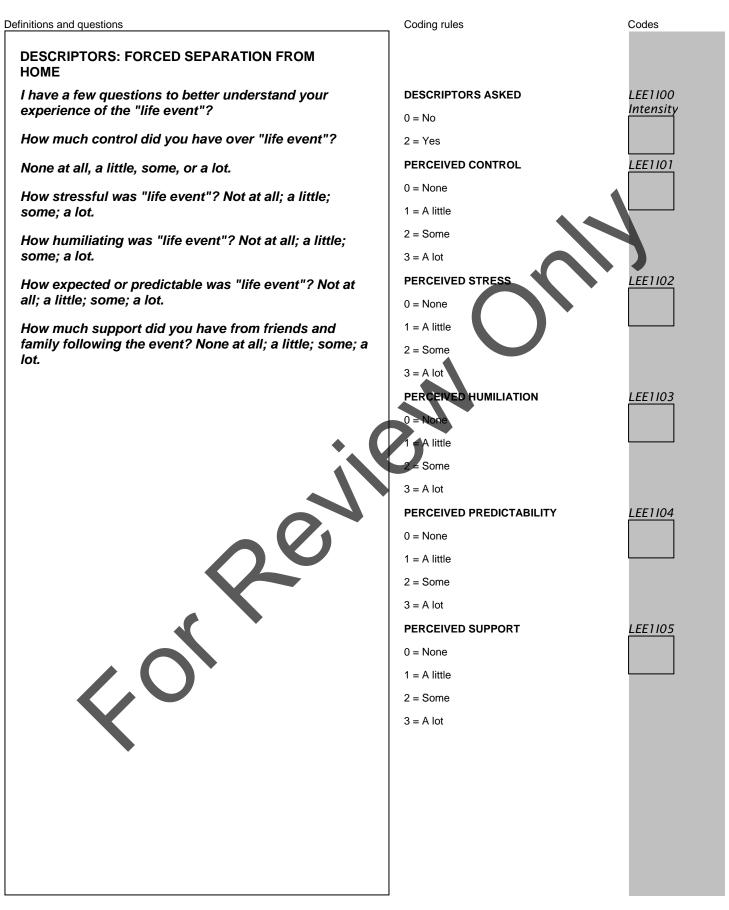
Subject and family loses home because of eviction, end of lease, damage to home by a fire or natural disaster, or other reason and are not resettled in a home for at least one month. During that time, the subject and family could be at a shelter, on the street, in a vehicle, staying temporarily at a friend or relative's home, at a hotel etc. The place where subject is staying must be meant to be temporary. Do not include intentional moves to a new setting.

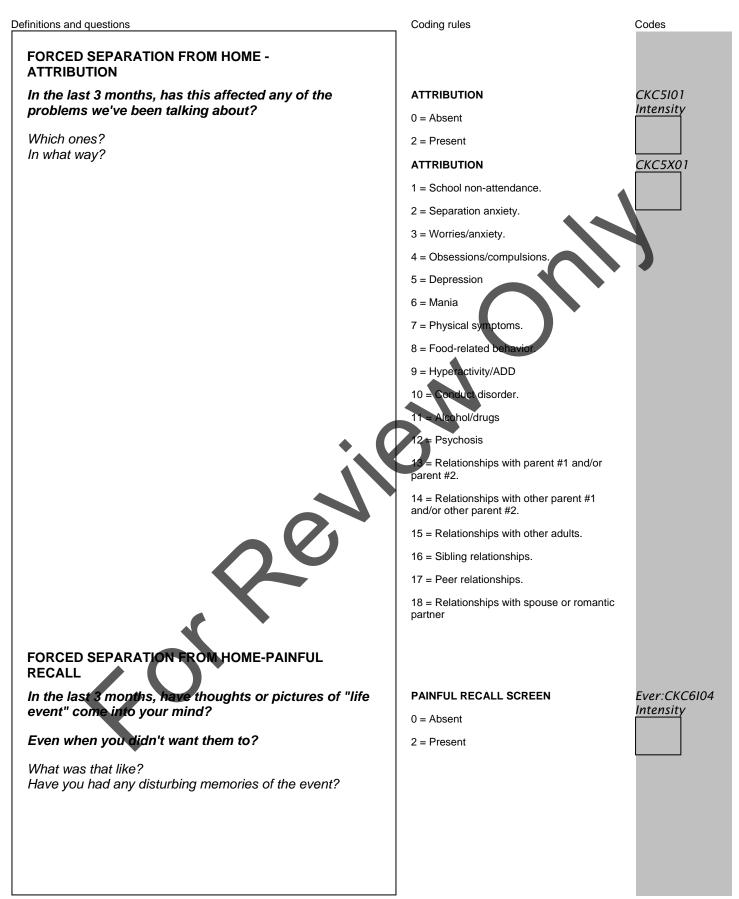
In the last three months, have you and your family been forced to leave your home?

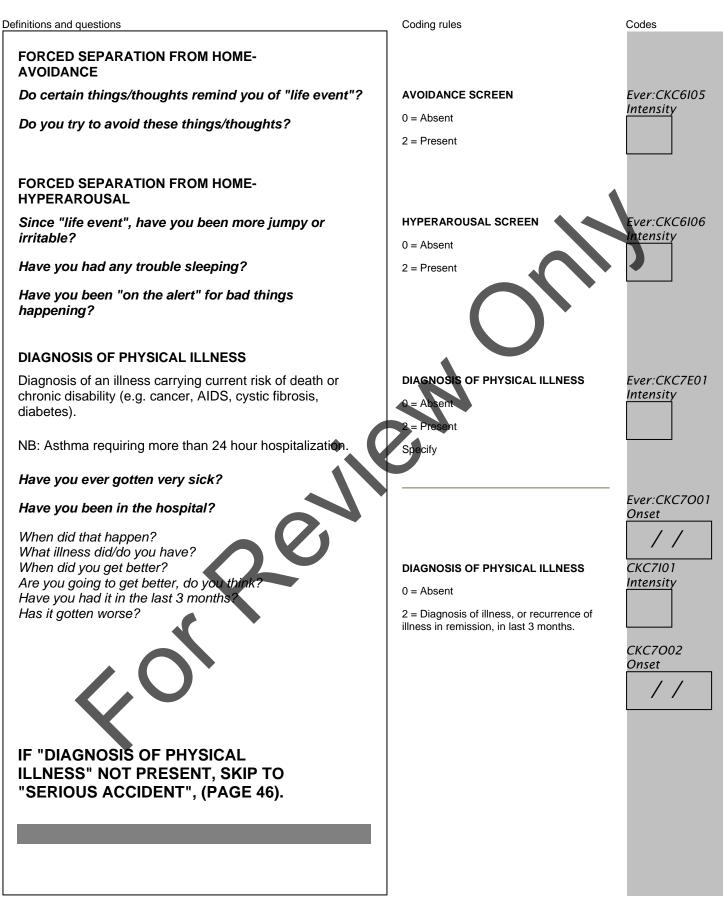
What happened? When did that happen? Why? Where did you go? Had you planned to go there? How long were you/have you been without a home of your own?

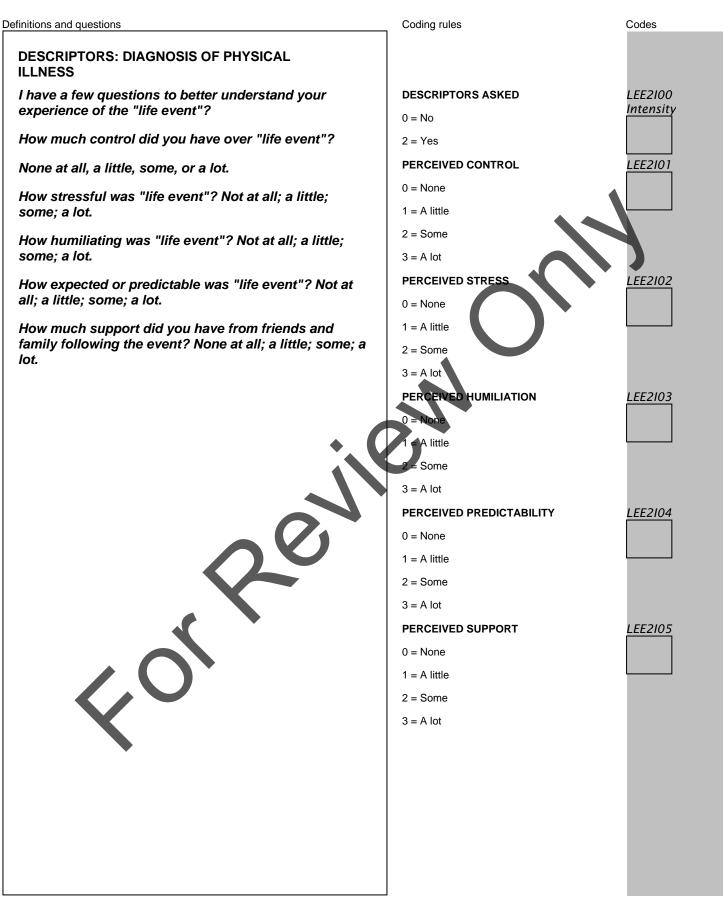
IF FORCED SEPARATION FROM HOME PRESENT, COMPLETE OTHERWISE, SKIP TO "DIAGNOSIS OF PHYSICAL ILLNESS", (PAGE 43).

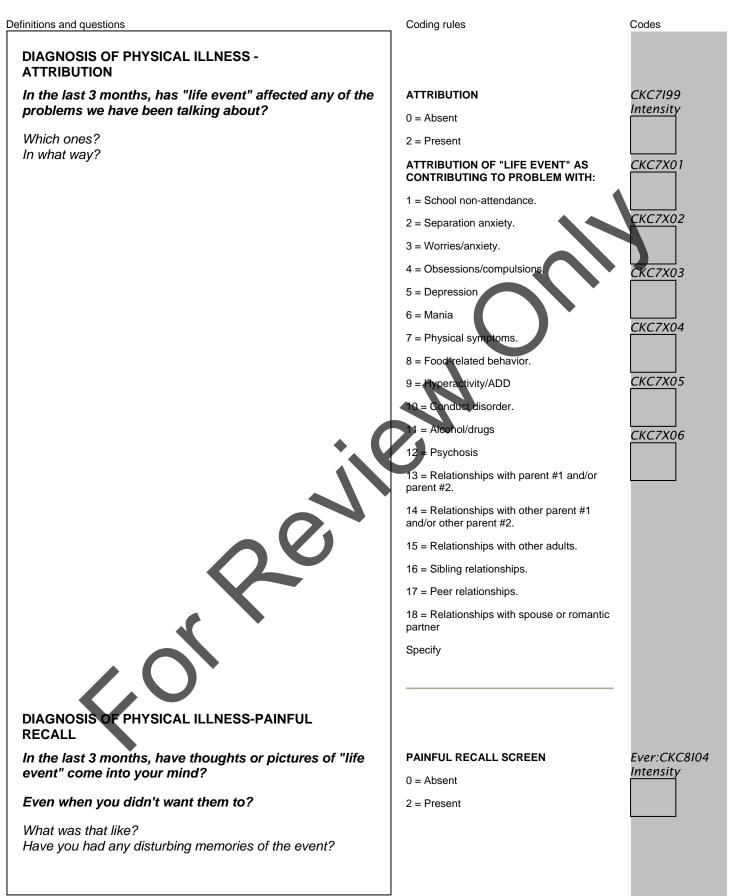
Coding rules	Codes
AVOIDANCE SCREEN	Ever:CKC4I05 Intensity
0 = Absent	
2 = Present	
HYPERAROUSAL SCREEN	Ever:CKC4106
0 = Absent	Intensity
2 = Present	
LOSS OF HOME WITHOUT SEPARATION FROM FAMILY	CKJ1101 Intensity
0 = Absent	
2 = Present	
TEMPORARY HOUSING	СКЈ1102
1 = Shelter	
2 = Homeless, on the street.	
3 = In a vehicle (e.g., car, truck, rv).	
4 = At friend or relative's home.	
5 = Hotel	
6 = Other	
Specify	
DAYS	CKJ1D01

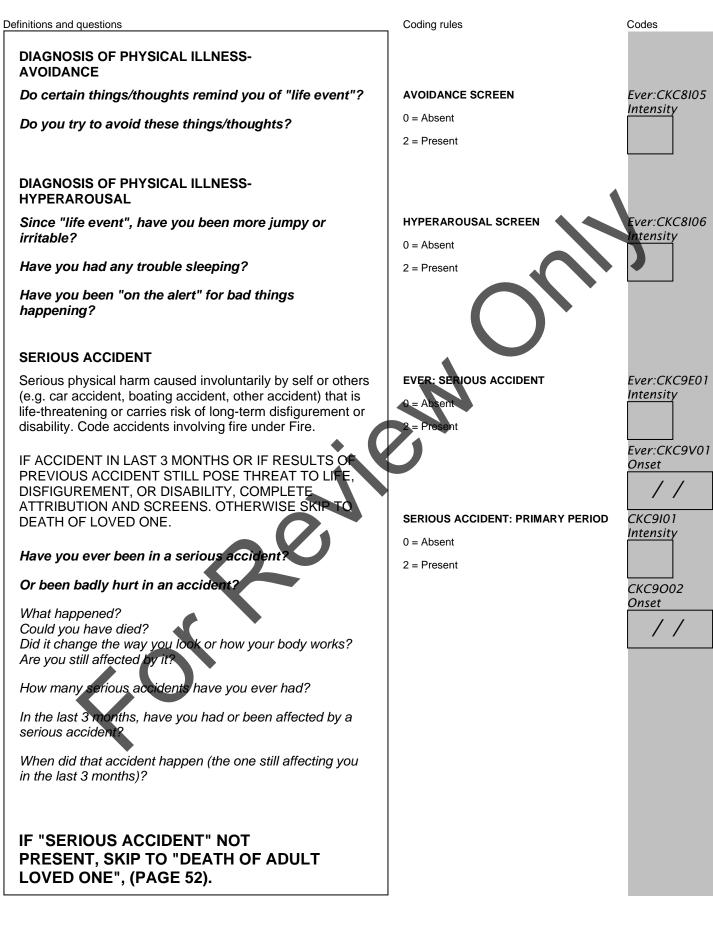








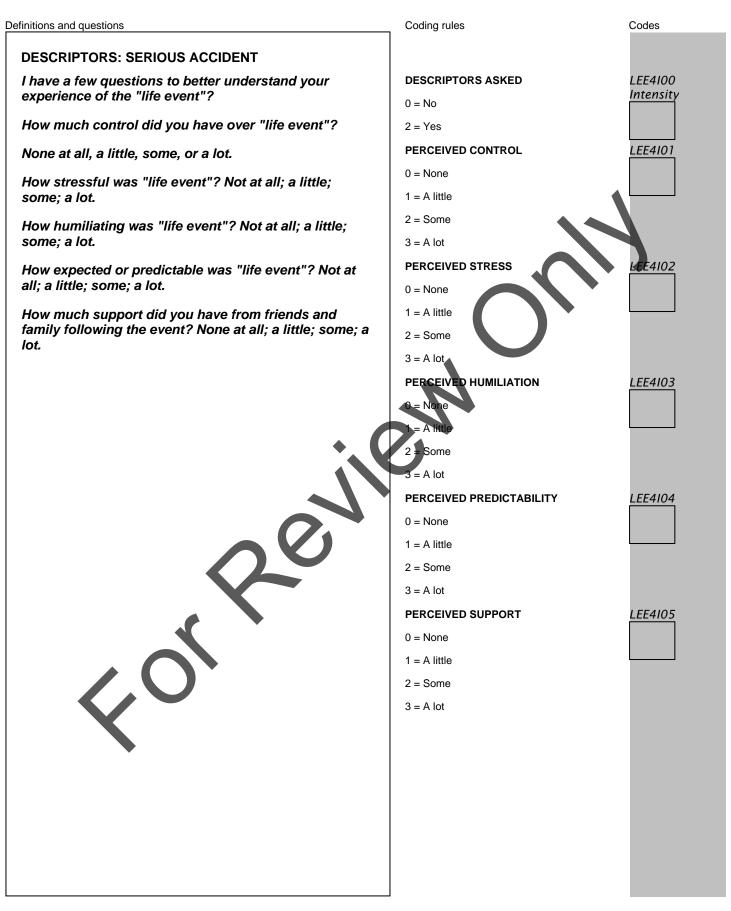


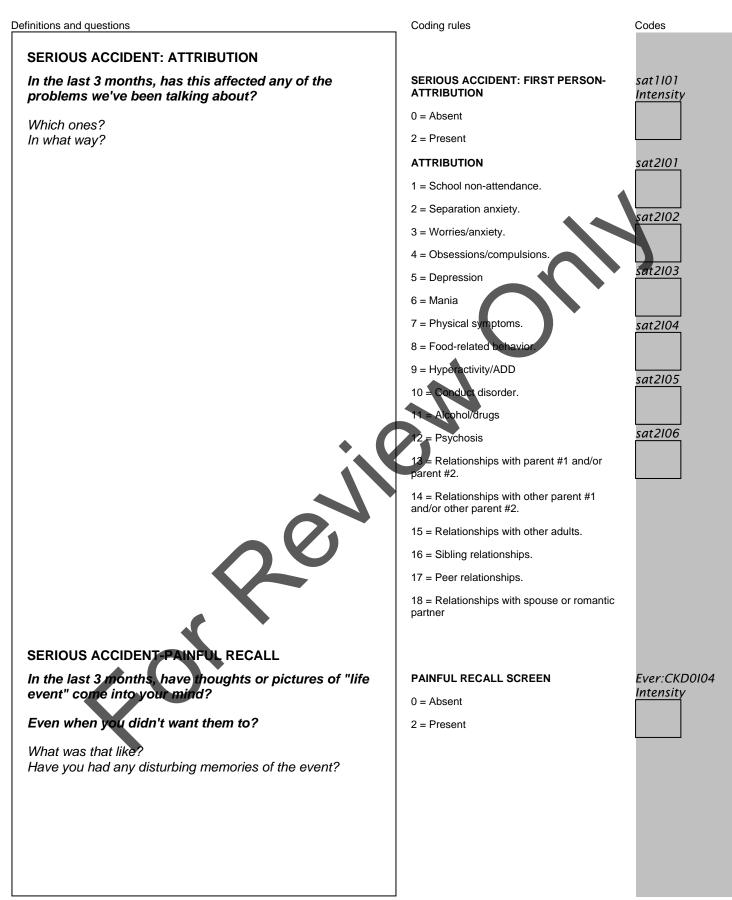


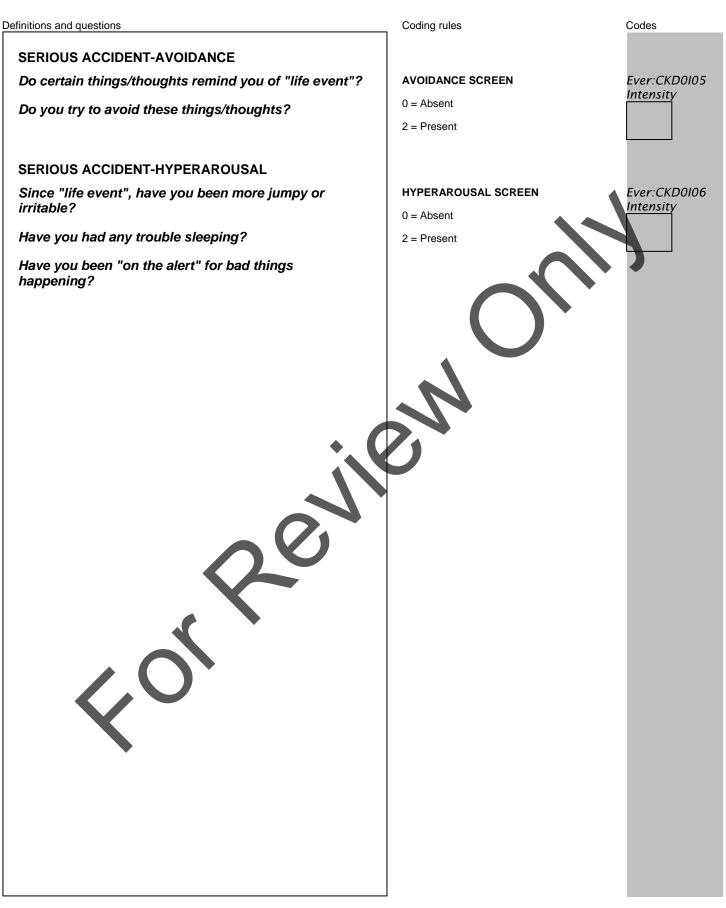
Life Events



Wave	P eY/	APA	2.0.3
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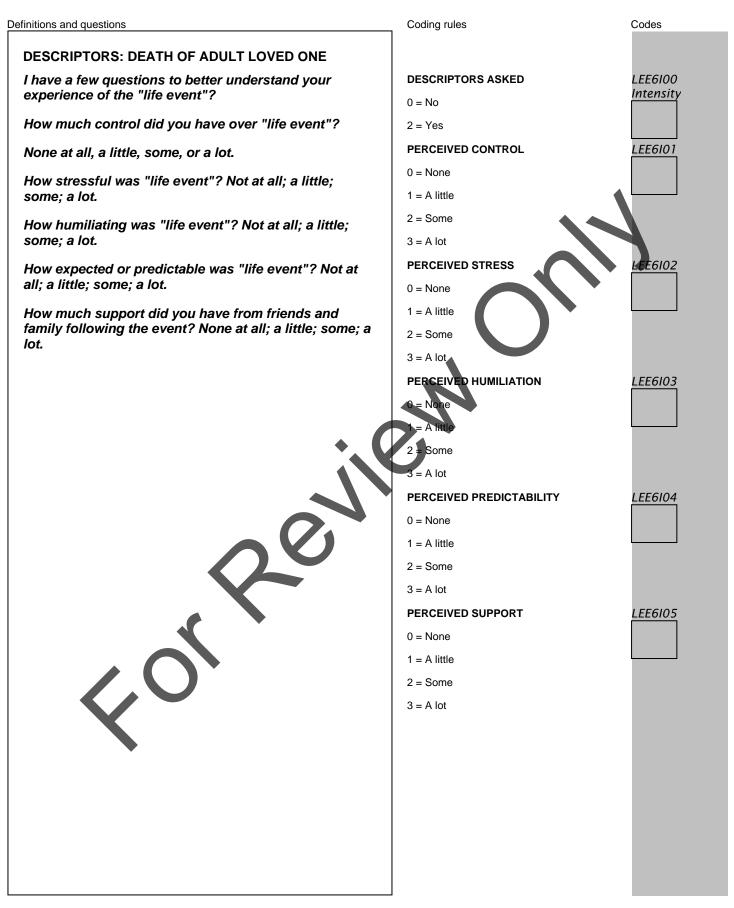


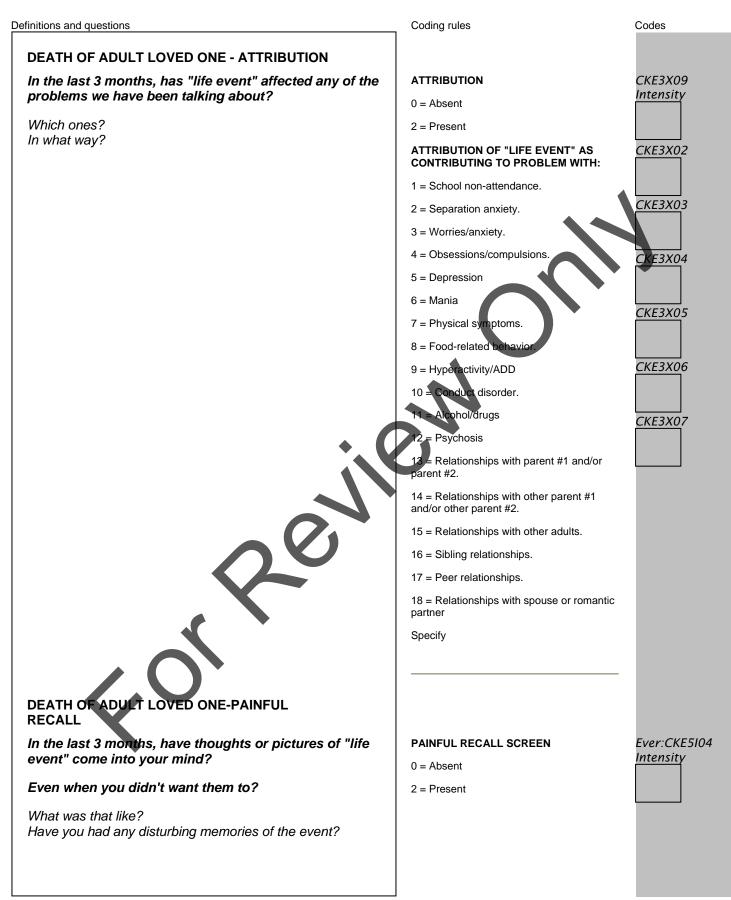
Wave P eYAPA 2.0.3

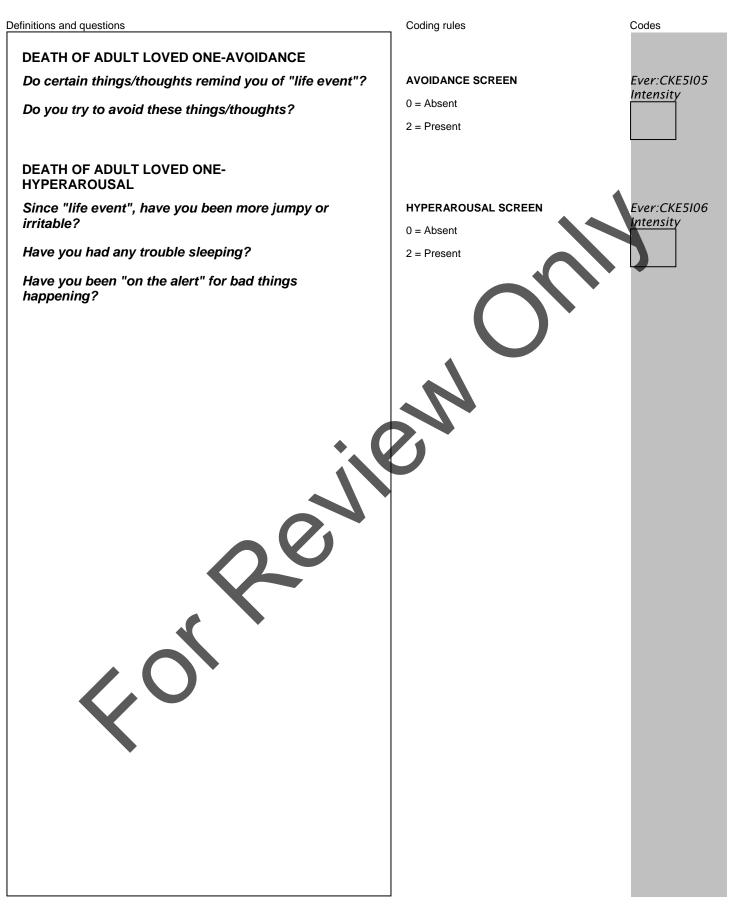


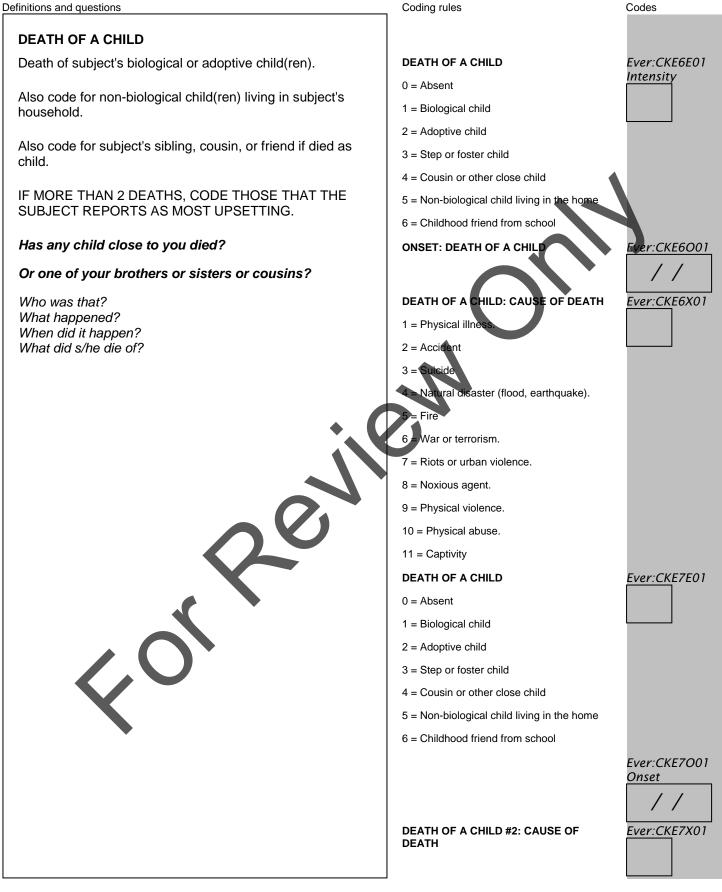
Definitions and questions Coding rules Codes DEATH OF ADULT LOVED ONE Death of someone close to the subject: biological parent, DEATH OF LOVED ONE #1: Ever:CKE3E01 **RELATIONSHIP TO SUBJECT** other parental figure, other relative with whom subject has Intensity close ties, other adult who has played a significant role in 0 = Absent the subject's life. 1 = Biological parent. IF MORE THAN 2 DEATHS, CODE DEATH OF 2 = Step/adoptive/foster parent. PARENTAL FIGURE AND ANOTHER THAT THE 3 = Other parental figure. SUBJECT REPORTS WAS MOST UPSETTING. 4 = Grandparent Has anyone close to you died? 5 = Aunt or uncle.Who was that? 6 = Close unrelated adult. What happened? 8 = Other close related adult When did it happen? EVER: DATE OF DEATH LOVED ONE #1 What did s/he die of? Ever:CKE3O01 / / CAUSE OF DEATH Ever:CKE3X01 1 = Physical illness. Natural disaster (flood, earthquake). = Fire 6 = War or terrorism. 7 = Riots or urban violence. 8 = Noxious agent. 9 = Physical violence. 10 = Physical abuse. 11 = Captivity Ever:CKE4E01 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 Ever:CKE4O01 #2

Definitions and questions	Coding rules	Codes
	CAUSE OF DEATH - 2	<u>Ever:CK</u> E4X01
	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	
IF DEATH OF ADULT LOVED ONE NOT		
PRESENT, SKIP TO "DEATH OF A		
CHILD", (PAGE 57).		
• (

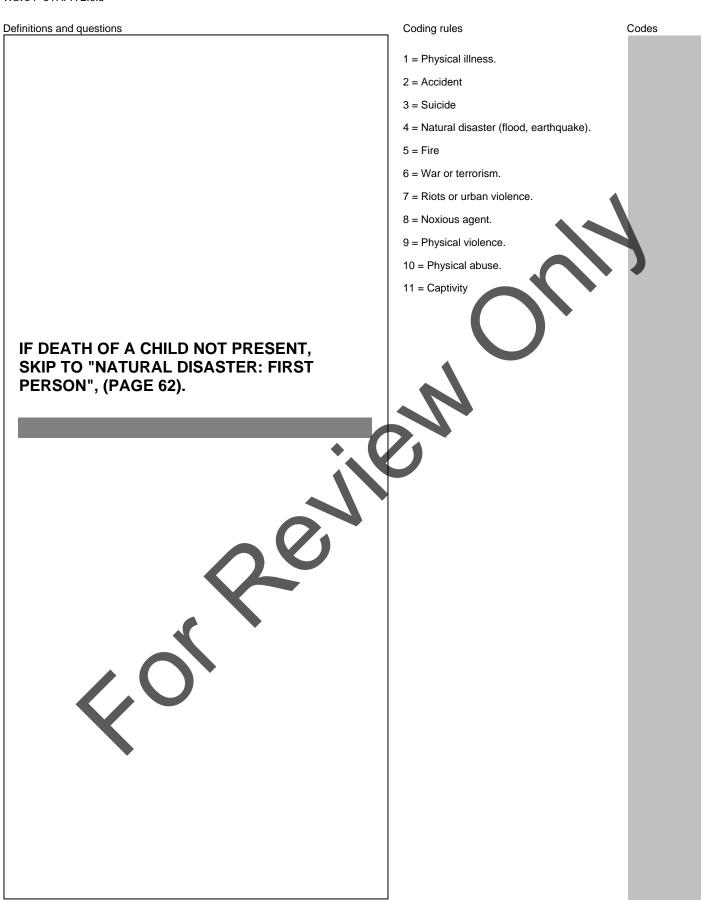


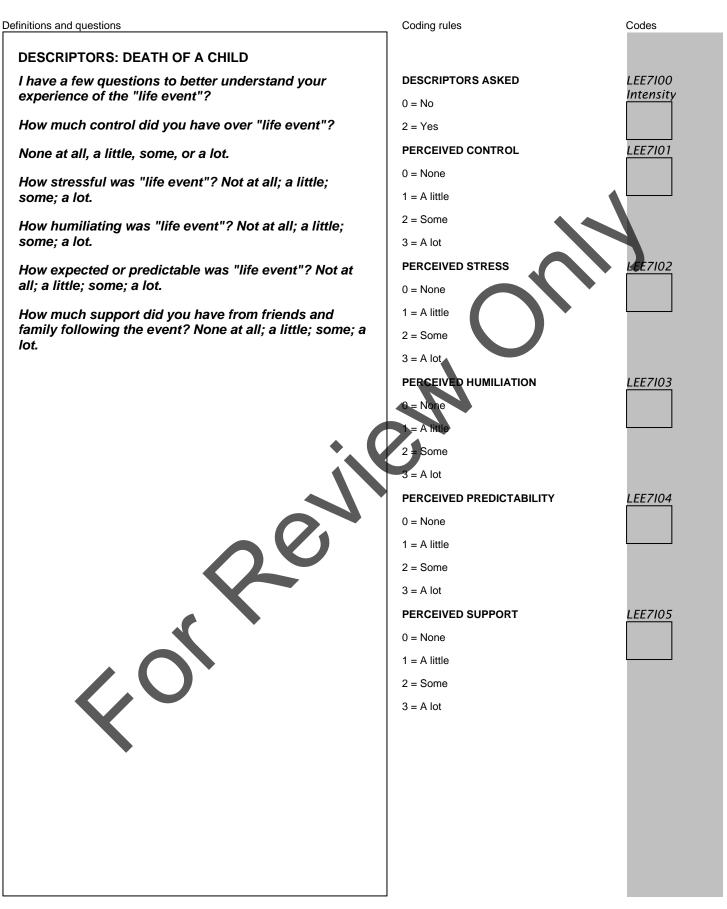


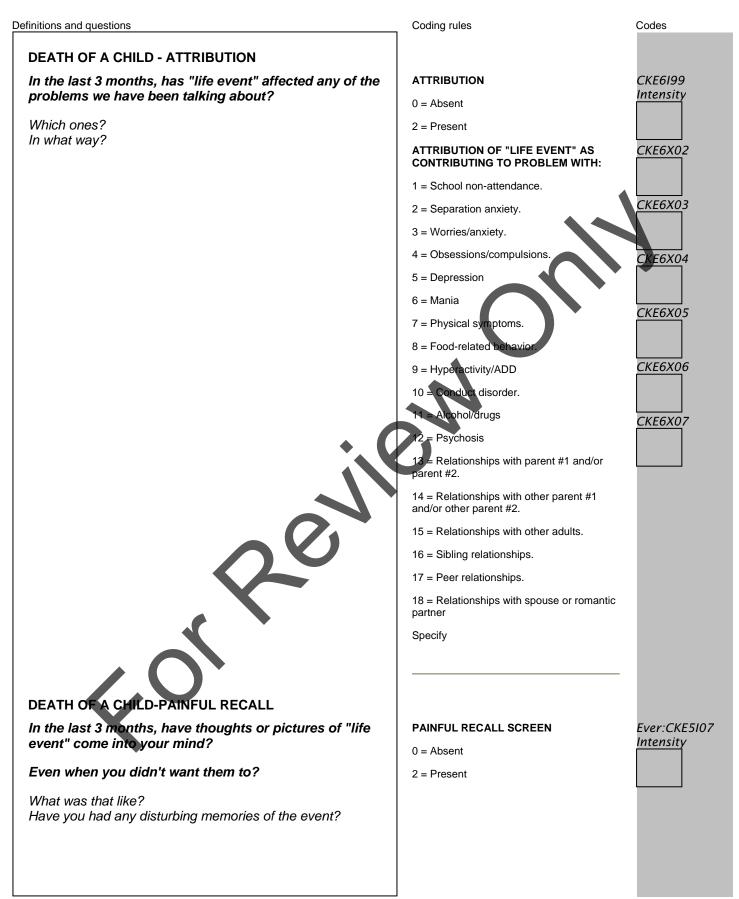


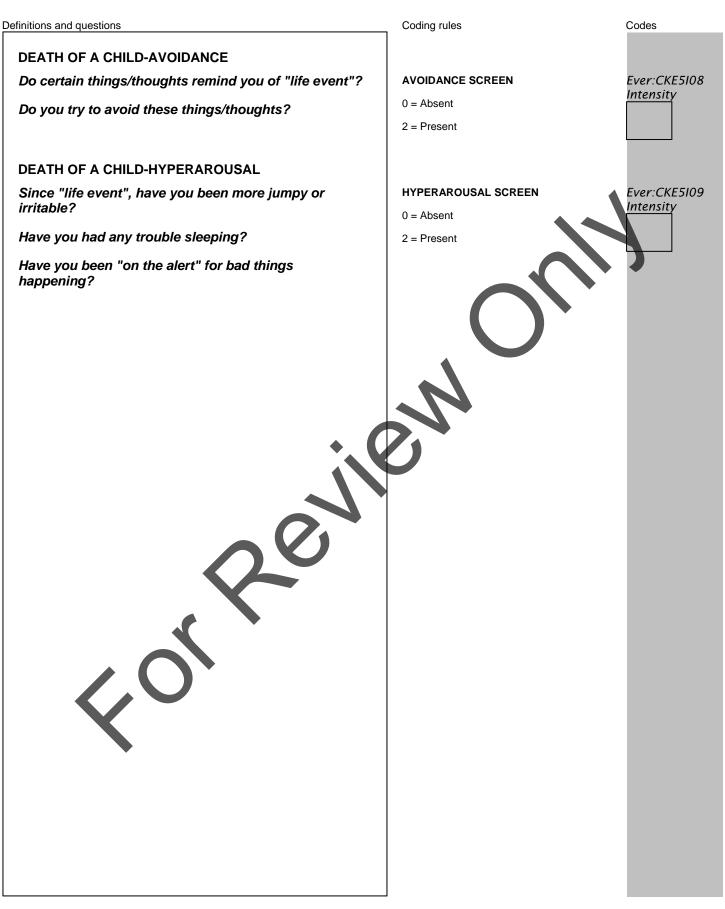


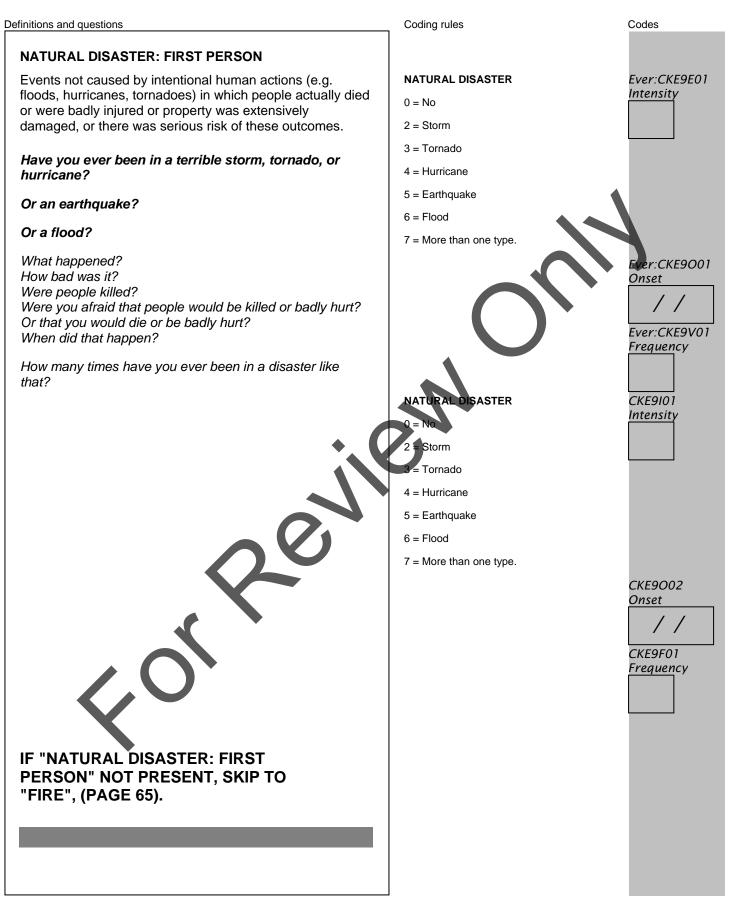
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Wave P eYAPA 2.0.3
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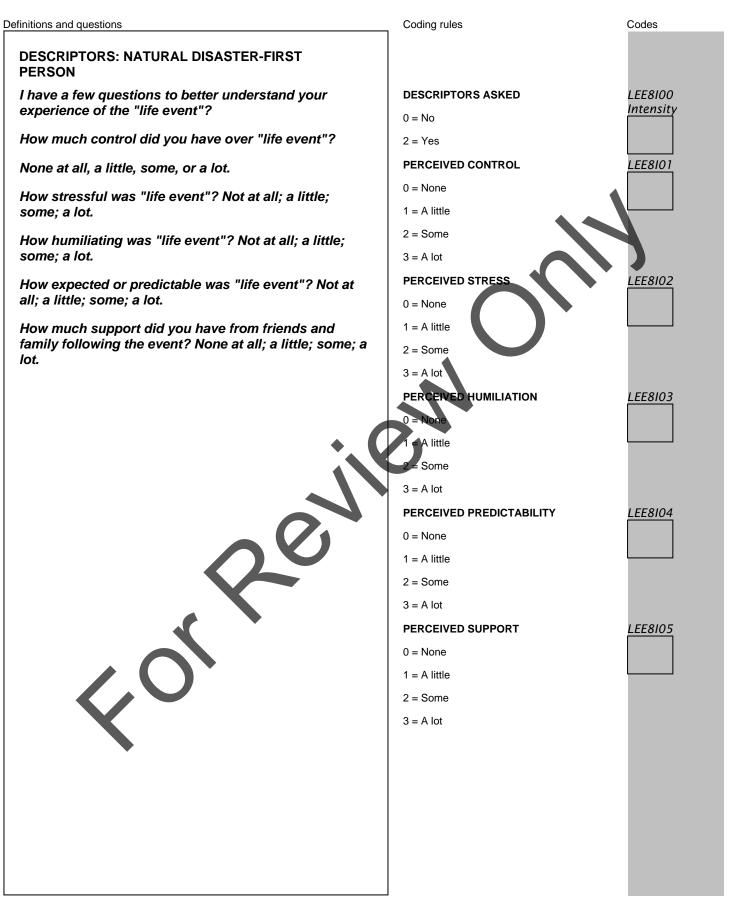


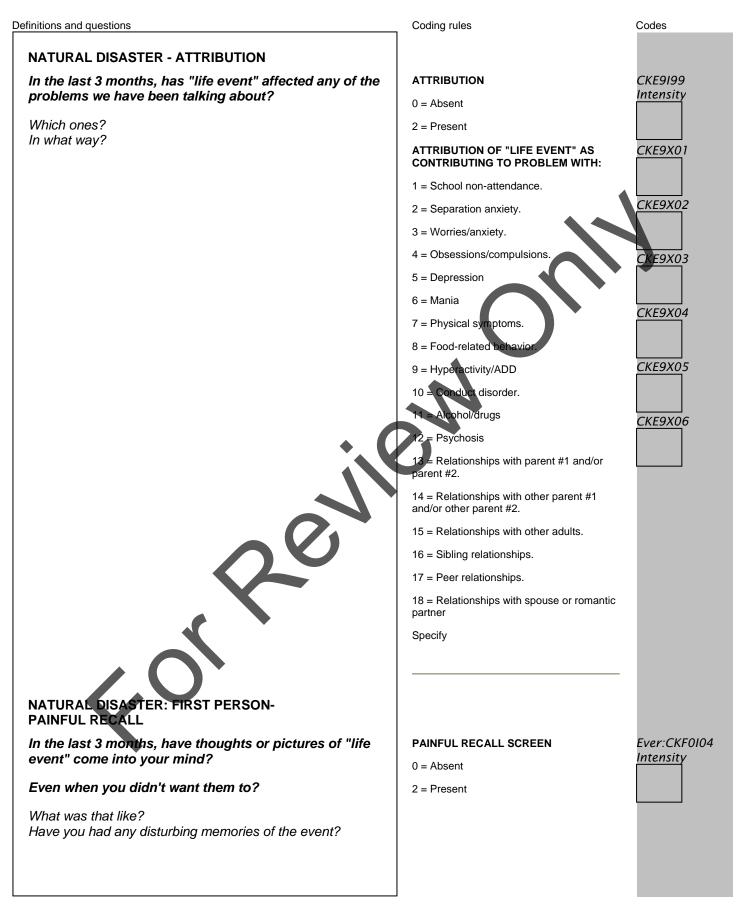


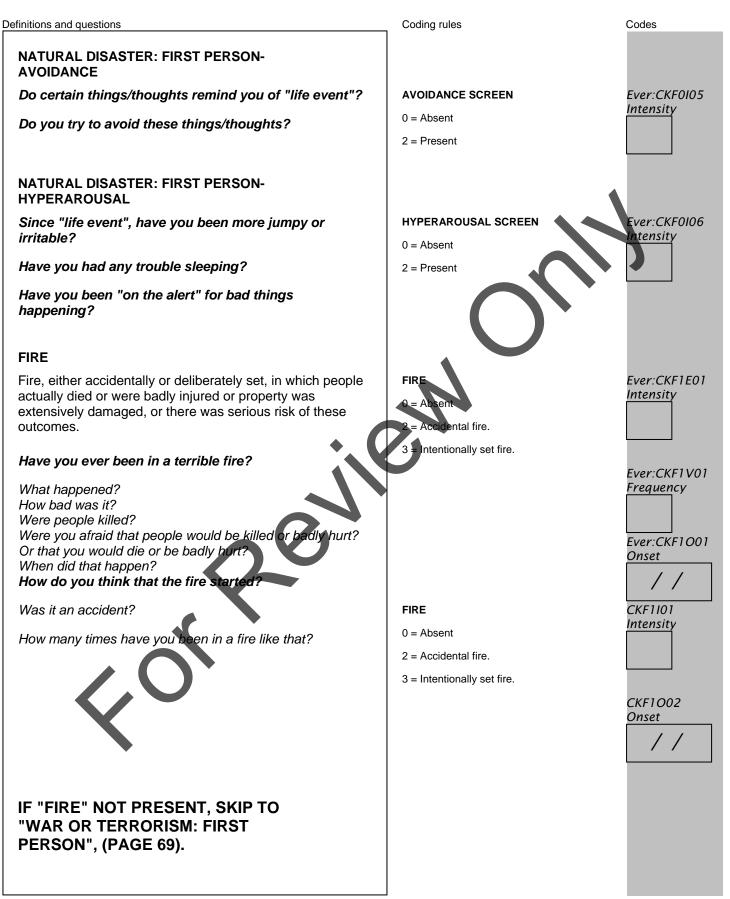








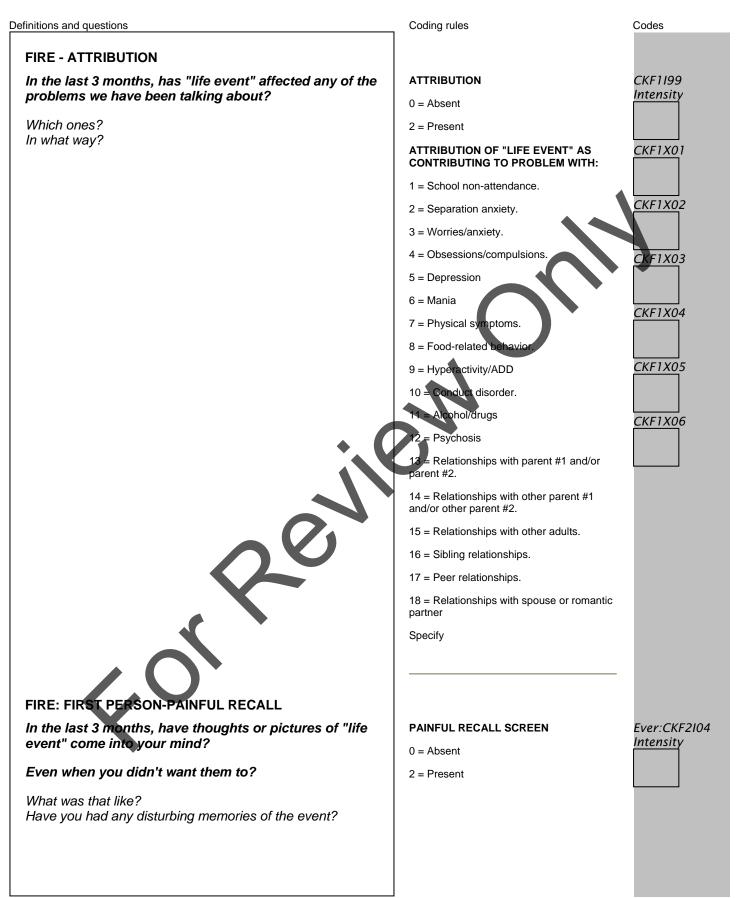


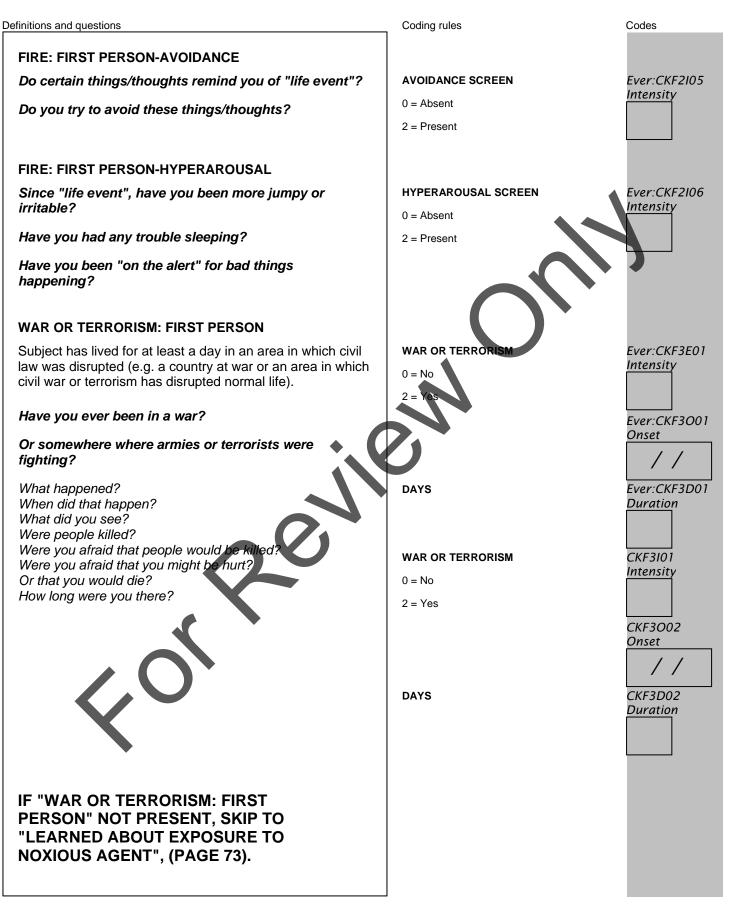


Life Events



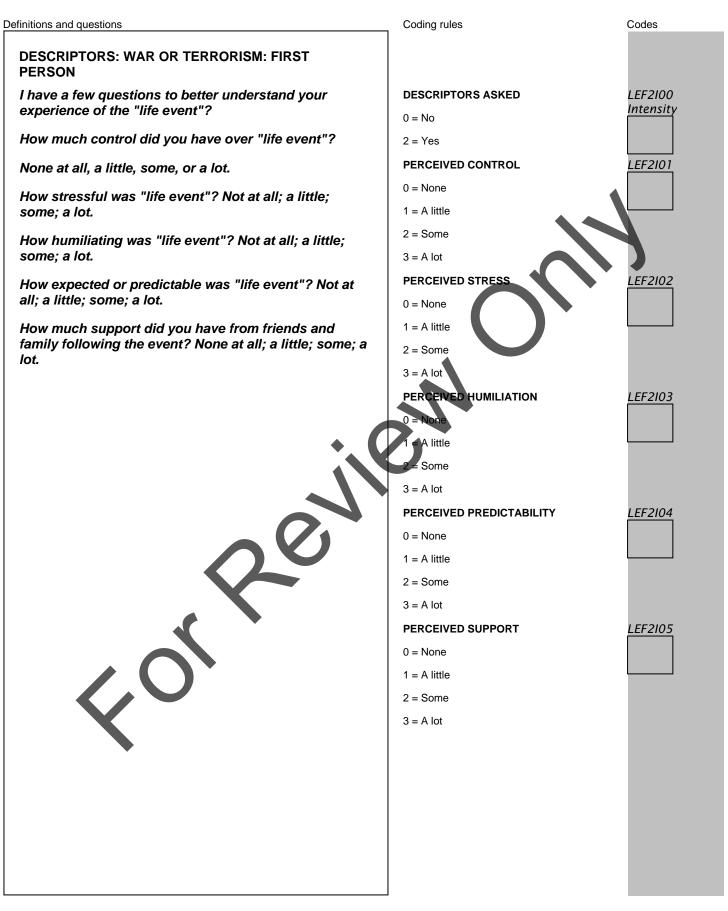
finitions and questions	Coding rules	Codes
DESCRIPTORS: FIRE-FIRST PERSON		
I have a few questions to better understand your	DESCRIPTORS ASKED	LEF0I00
experience of the "life event"?	0 = No	Intensity
How much control did you have over "life event"?	2 = Yes	
None at all, a little, some, or a lot.	PERCEIVED CONTROL	LEF0I01
How stressful was "life event"? Not at all; a little;	0 = None	
some; a lot.	1 = A little	
How humiliating was "life event"? Not at all; a little;	2 = Some	
some; a lot.	3 = A lot	
How expected or predictable was "life event"? Not at	PERCEIVED STRESS	LEF0102
all; a little; some; a lot.	0 = None	•
How much support did you have from friends and	1 = A little	
family following the event? None at all; a little; some; a lot.	2 = Some	
	3 = A lot	
	PERCEIVED HUMILIATION	LEF0I03
	0 = None	
	L= A little	
*	2 = Some	
	3 = A lot	
	PERCEIVED PREDICTABILITY	LEF0I04
	0 = None	
$\sim \circ$	1 = A little	
	2 = Some	
	3 = A lot	
	PERCEIVED SUPPORT	LEF0I05
	0 = None	
	1 = A little	
	2 = Some	
	3 = A lot	
KO		

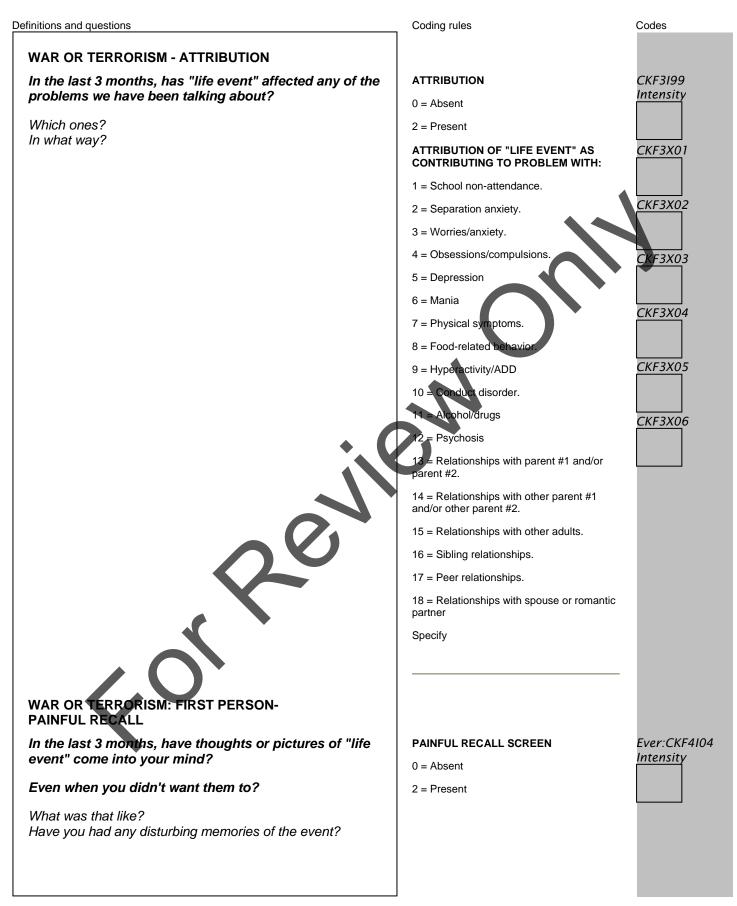




Life Events







Definitions and questions

WAR OR TERRORISM: FIRST PERSON-AVOIDANCE

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

Do you try to avoid these things/thoughts?

WAR OR TERRORISM: FIRST PERSON-HYPERAROUSAL

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

Have you had any trouble sleeping?

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

LEARNED ABOUT EXPOSURE TO NOXIOUS AGENT

Subject 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?

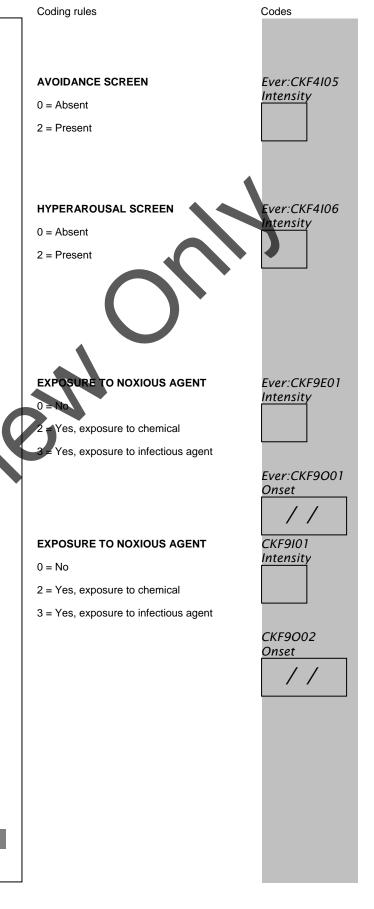
Like chemicals, radiation, or other poisons? Or to a disease that you could die from?

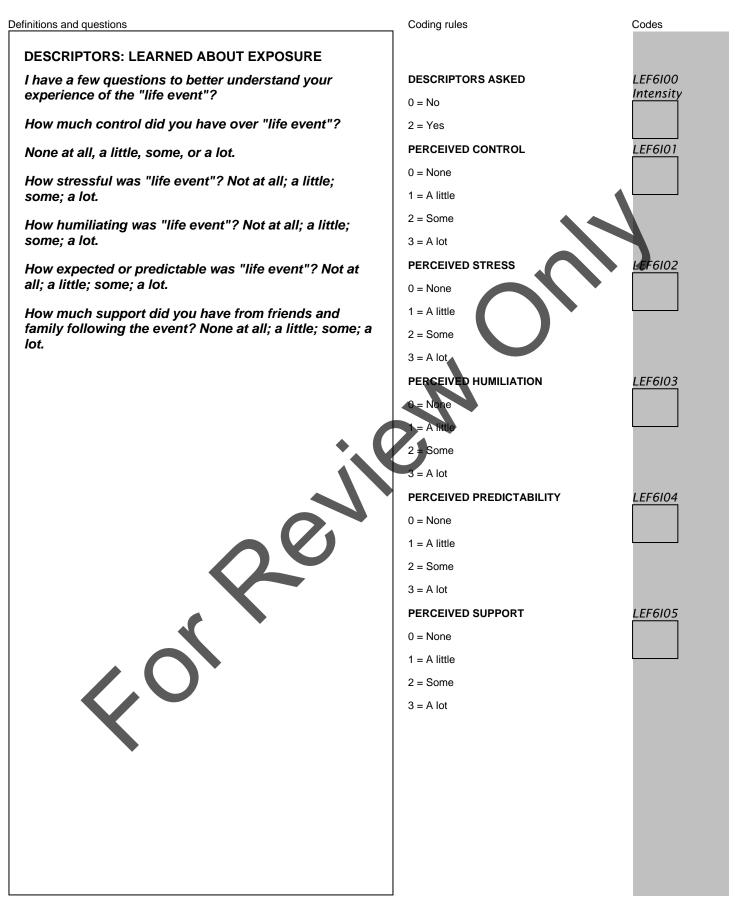
How did that happen?

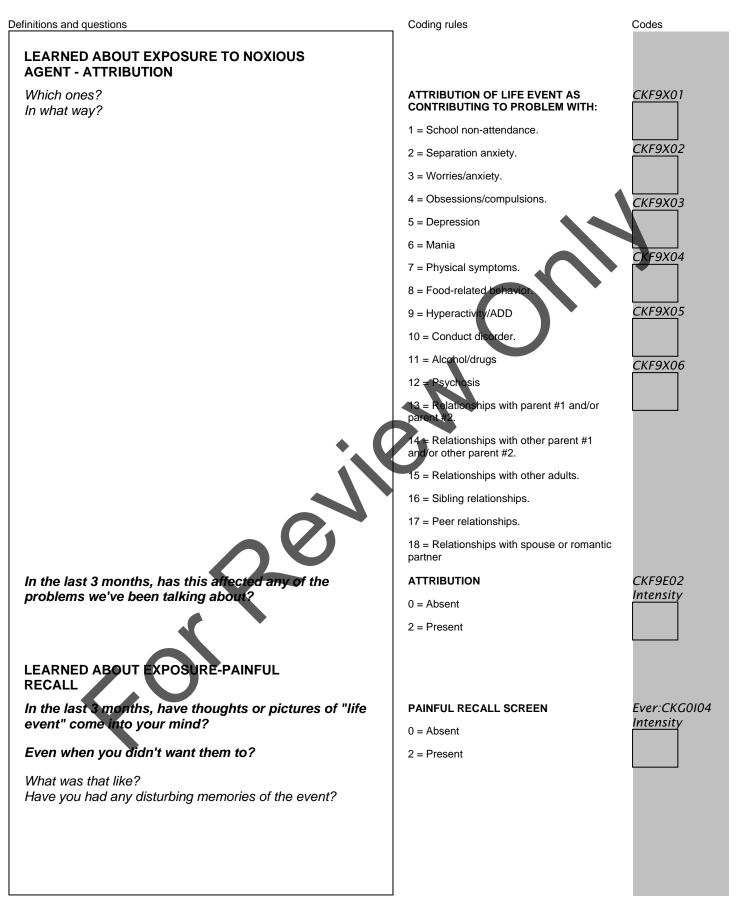
When did you first have contact with something like that?

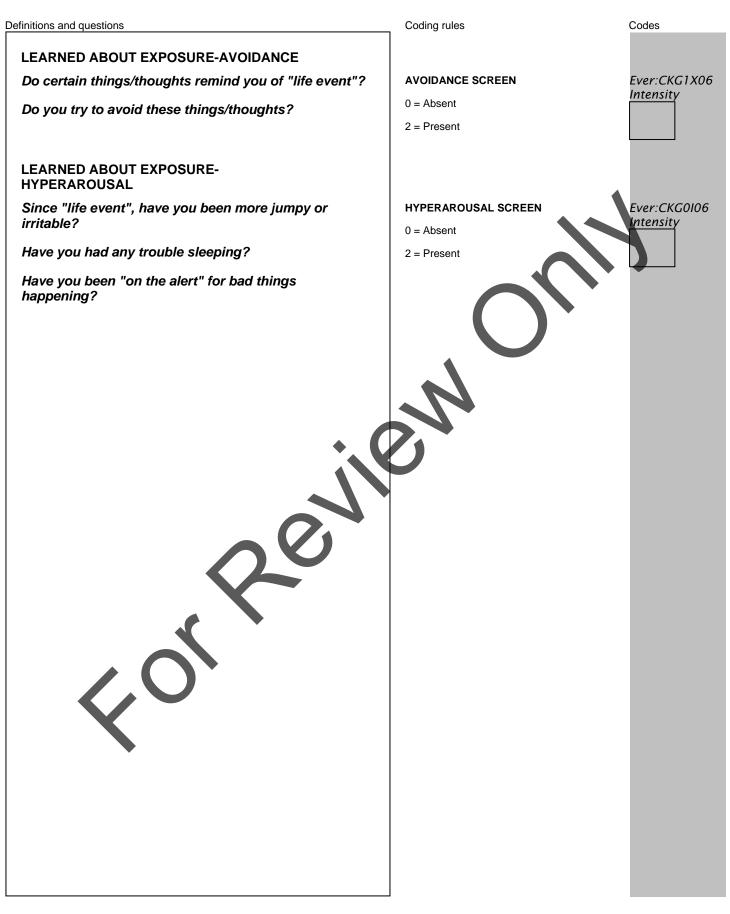
Have you been exposed to anything like that in the last 3 months?

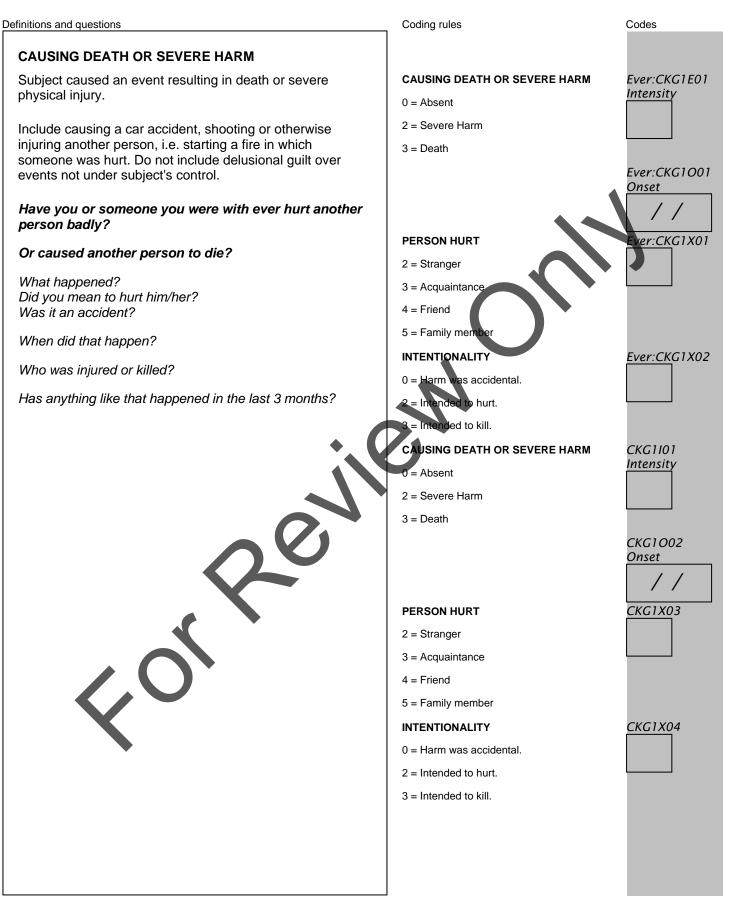
IF LEARNED ABOUT EXPOSURE TO NOXIOUS AGENT ABSENT, SKIP TO "CAUSING DEATH OR SEVERE HARM", (PAGE 77).

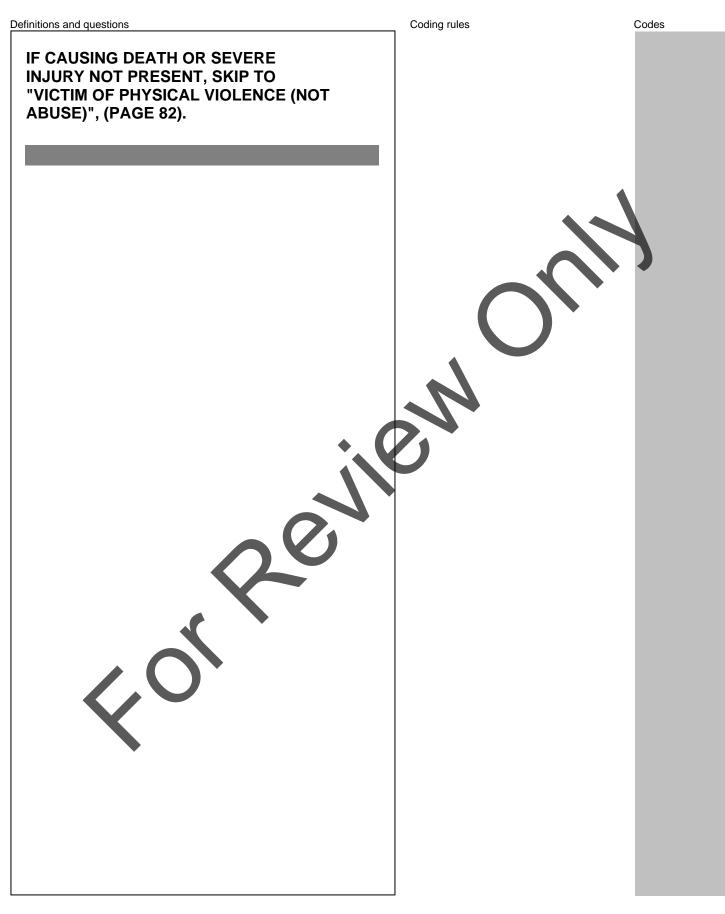


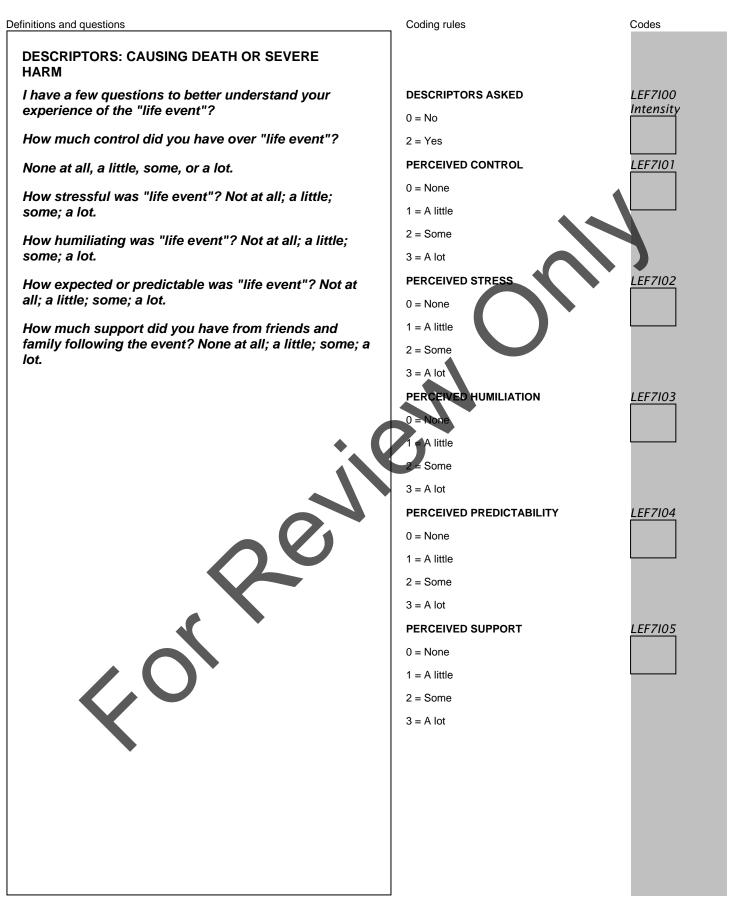


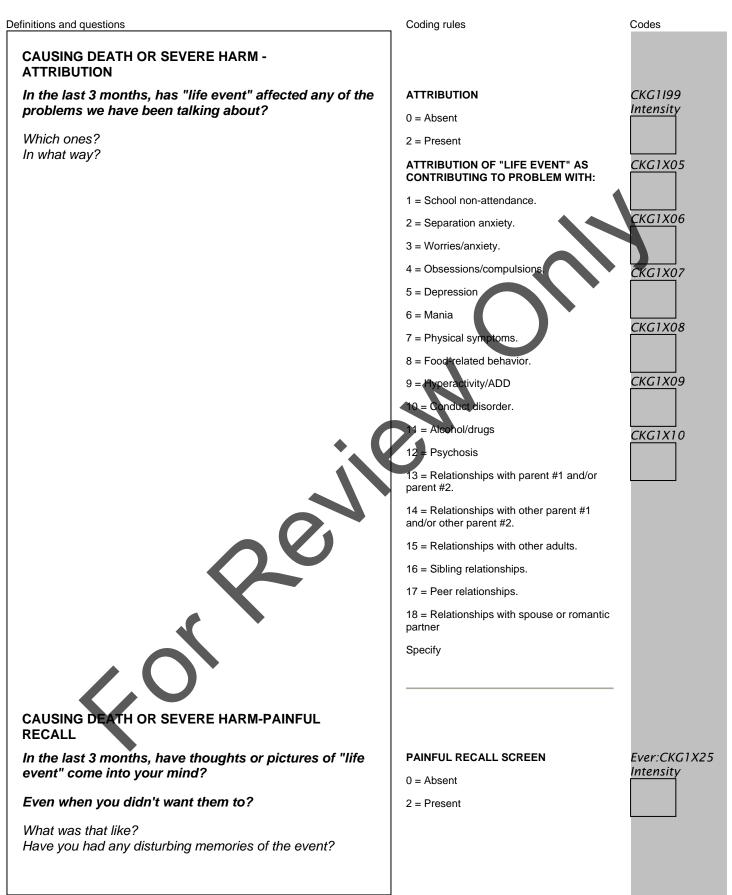


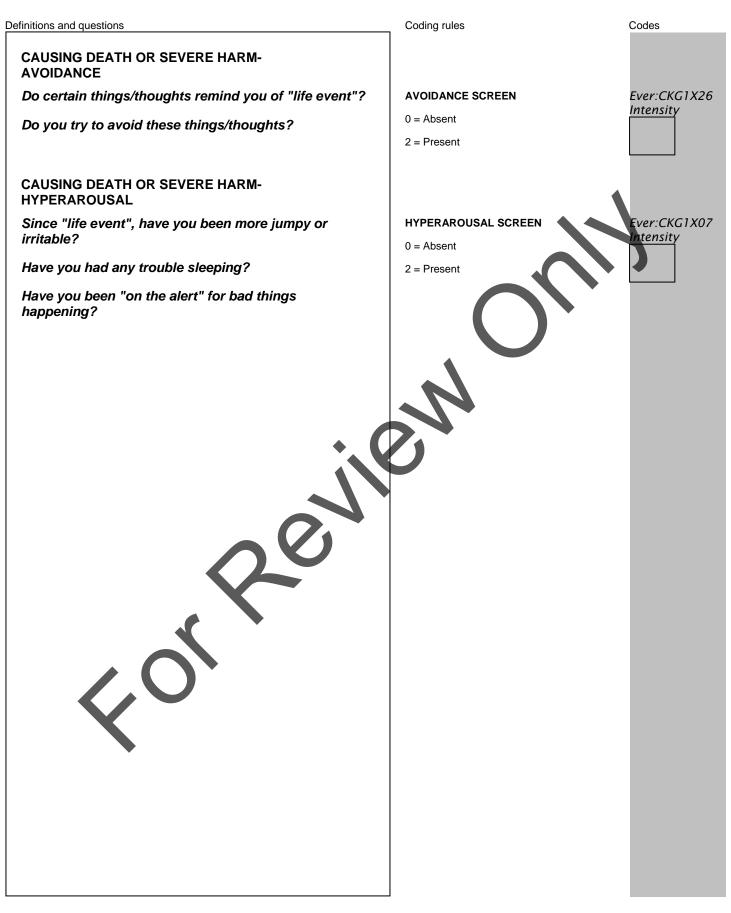












Definitions and questions

VICTIM OF PHYSICAL VIOLENCE (NOT A

Subject has been the victim of physical viole or more people using force against the subject potential to cause death or serious injury. For been used in order to get something (e.g. m robbery), or to intimidate or frighten subject, sake (assault, fight, torture). Victim may hav threatened with a weapon.

Code physical abuse by family member sep

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?

How many times has something like that ev How about in the last 3 months?

When was the first time?

Has that happened in the last 3 months?

	Coding rules	Codes
ABUSE)		
ence, with one ect with orce may have nugging, , or for its own ve been parately.	 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. 	Ever:CKG3E01 Intensity
?	PERSON USING FORCE	Ever:CKG3V01 Frequency Ever:CKG3001 Onset Lver:CKG3X01
rer happened?	 2 = Known peer. 3 = Known non-familial adult. 4 = Unknown adult. 5 = Unknown peer. 6 = More than one person. 	
0	 THREATENED WITH WEAPON 0 = Absent 2 = Weapon used to threaten but not to hurt victim. 3 = Weapon used to threaten and injure victim. 	Ever:CKG3E02
	 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. 	CKG3I01 Intensity
		CKG3F01 Frequency CKG3O02 Onset

0 = Absent 2 = Weapon used to threaten but not to hurt victim. 3 = Weapon used to threaten and injure victim. IF VICTIM OF PHYSICAL VIOLENCE (NOT ABUSE) NOT PRESENT, SKIP TO "VICTIM OF PHYSICAL ABUSE", (PAGE 87).

Coding rules

2 = Known peer.

4 = Unknown adult. 5 = Unknown peer.

PERSON USING FORCE

3 = Known non-familial adult.

6 = More than one person.

THREATENED WITH WEAPON

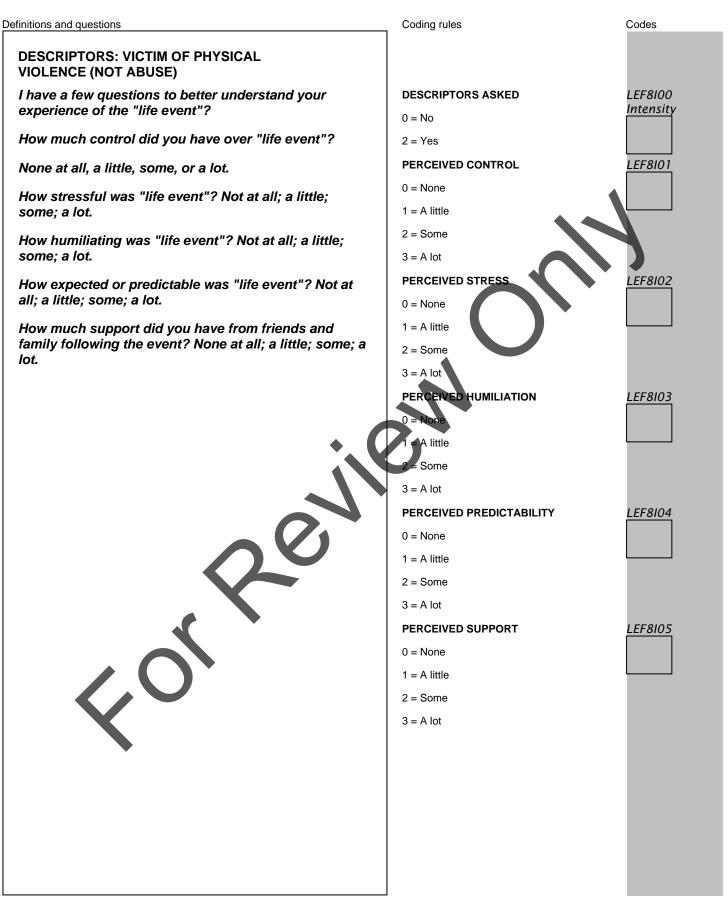
Codes

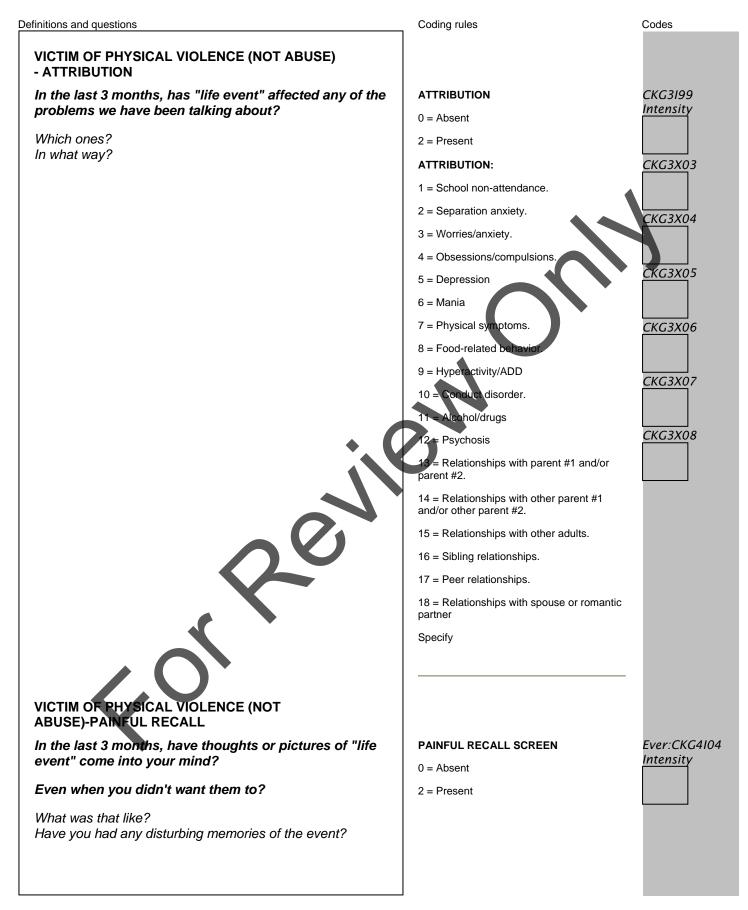
СКG3X02

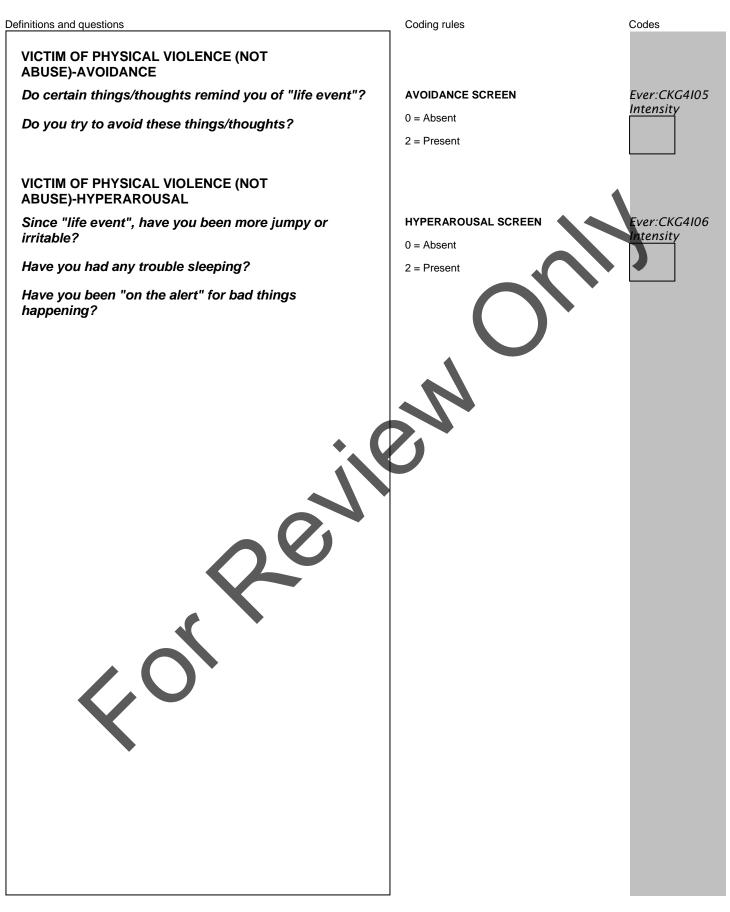
CKG3102

Definitions and questions

Wave P eYAPA 2.0.3





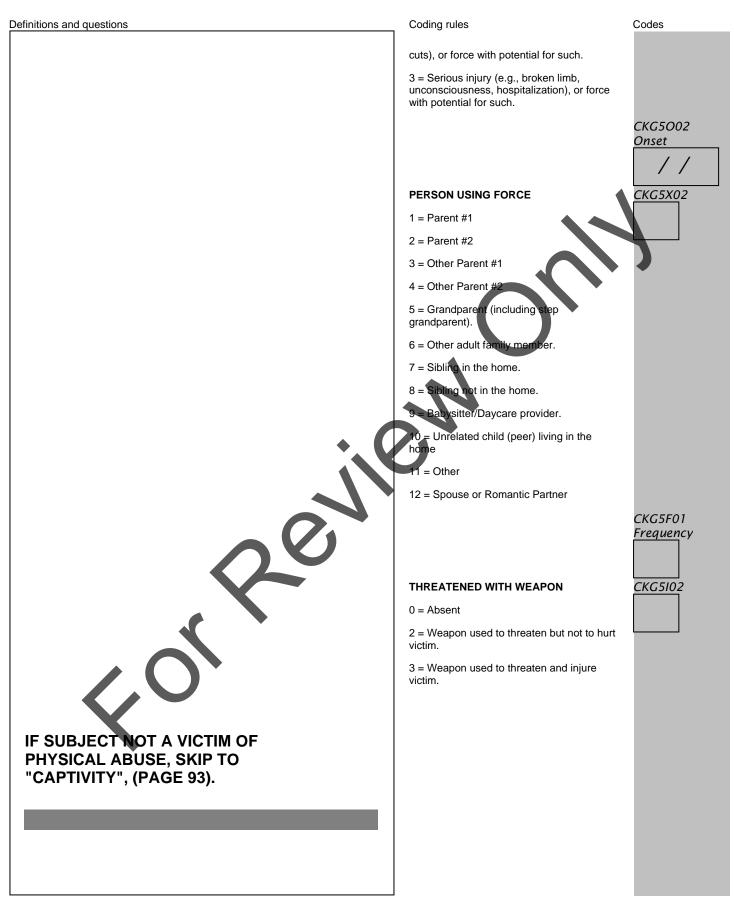


Definitions and questions Coding rules Codes VICTIM OF PHYSICAL ABUSE VICTIM OF PHYSICAL ABUSE Ever:CKG5E01 Subject has been the victim of intentional physical abuse by a member of the family (including parents, siblings, Intensity 0 = Absent spouses/partners, or other adult family members). 2 = Some physical injury (e.g., black eye, cuts), or force with potential for such. Has anyone in your family ever hit or hurt you badly? 3 = Serious injury (e.g., broken limb, Or beaten you up really badly? unconsciousness, hospitalization), or force with potential for such. Have you been slammed against the wall? Or pushed down the stairs? Ever:CKG5001 What happened? Onset Did they threaten you with a weapon? Like a knife or gun? Or a bottle or bat? PERSON USING FORCE Ever:CKG5X01 Has any one in your family ever put you in very hot water and scalded you as punishment? 1 = Parent #1 Has any one burned you? 2 = Parent #2Like with a cigarette lighter? Or made you put your hand on a hot stove or heater? 3 = Other Parent Has any one in your family ever broken one or more of your 4 = Other Parent #2 bones? Why did they do it? 5 = Grandparent (including step How badly were you hurt? grandparent) What were your injuries like? Other adult family member. When was the first time that happened? 7 Sibling in the home. = Sibling not in the home. Who were the people who did these things? 9 = Babysitter/Daycare provider. How many times has that happened? How about in the last 3 months? 10 = Unrelated child (peer) living in the home 11 = Other12 = Spouse or Romantic Partner Specify Ever:CKG5V01 Frequency THREATENED WITH WEAPON Ever:CKG5E02 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 CKG5101 Intensitv

0 = Absent

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

Life Events



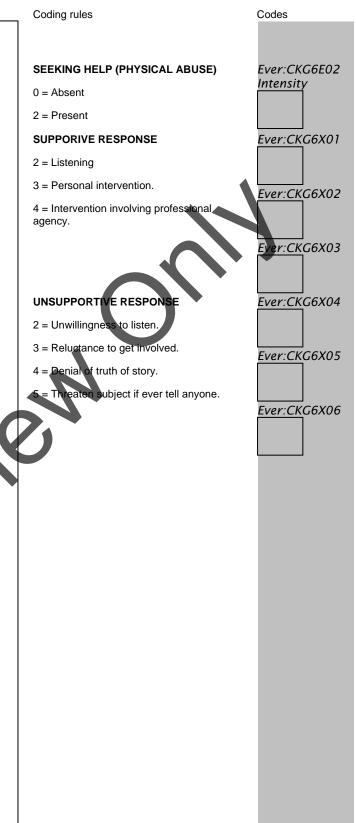
SEEKING HELP (PHYSICAL ABUSE)

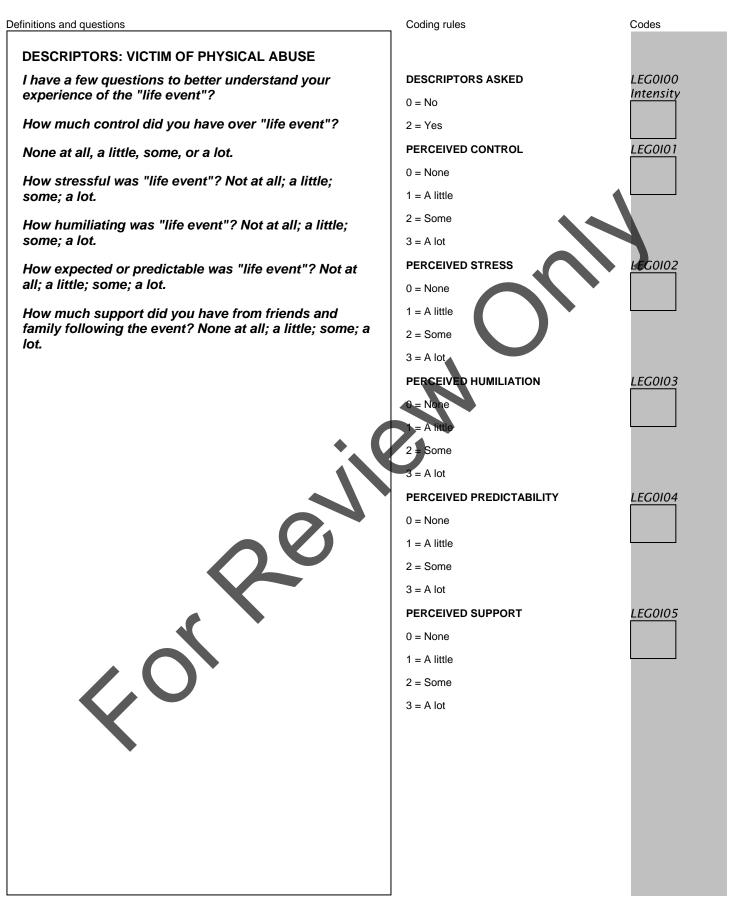
Three forms of supportive response are coded: listening, which could provide social support and emotional relief; personal intervention, which is personally attempting to prevent the reoccurrence of the situation; or intervention involving a professional agency, which might be phoning the police, contacting 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.

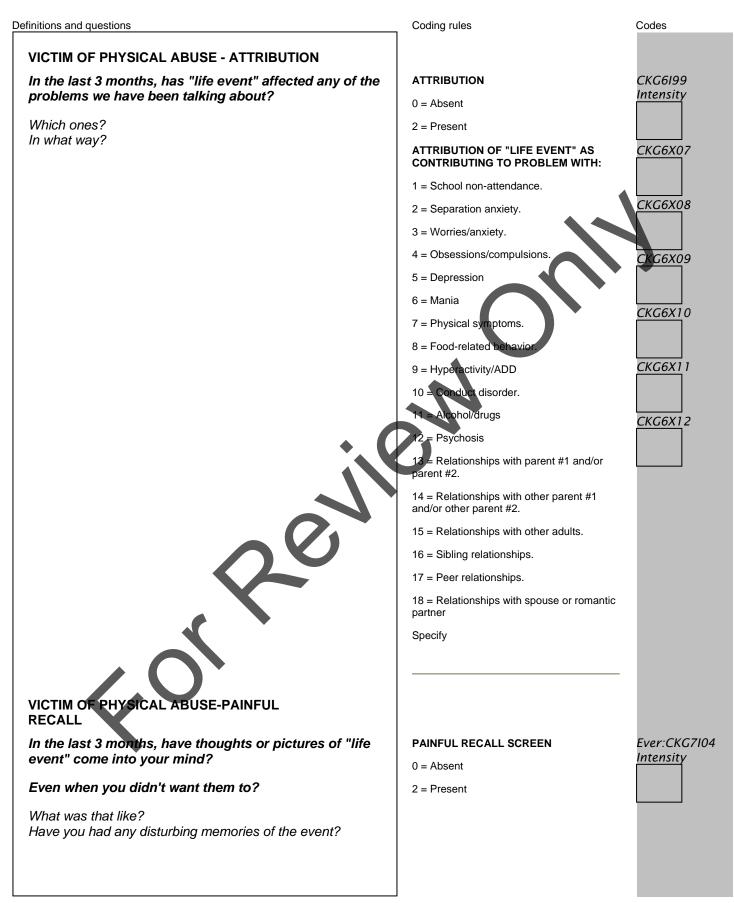
Did you ever tell anyone about these things?

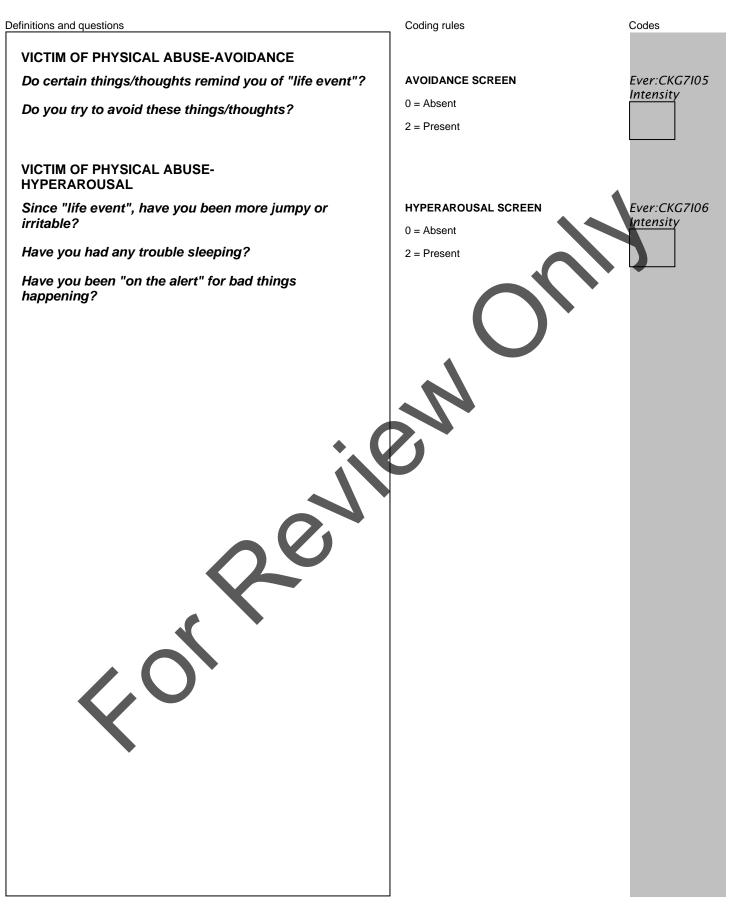
Someone your age? A family member? An adult outside your family? Has any agency been involved in helping you? **Did s/he help?**

What happened? What did s/he do? Did you feel s/he/they could have done more?



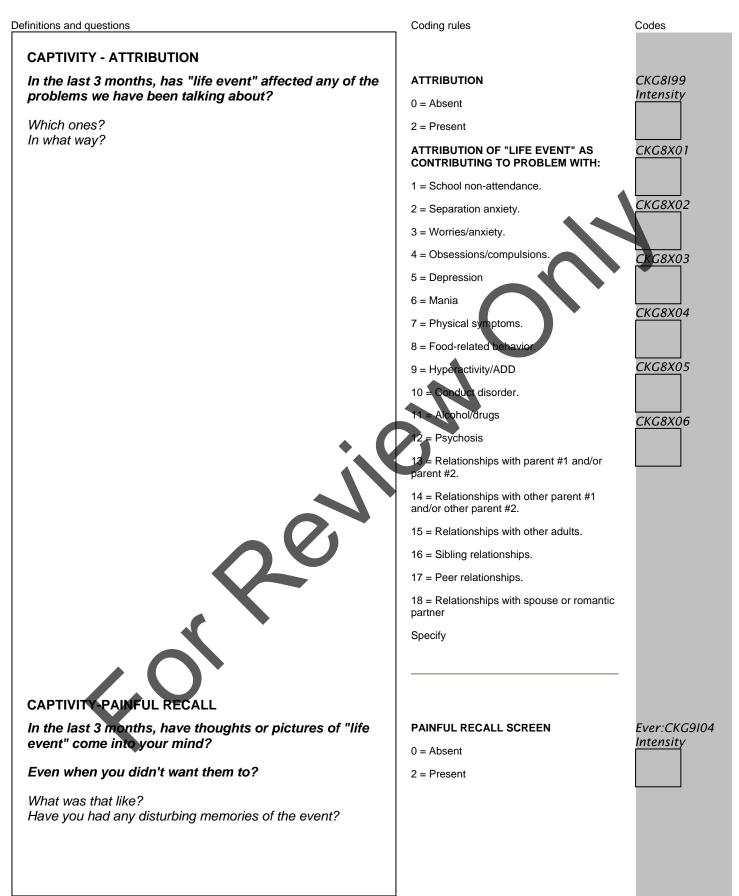


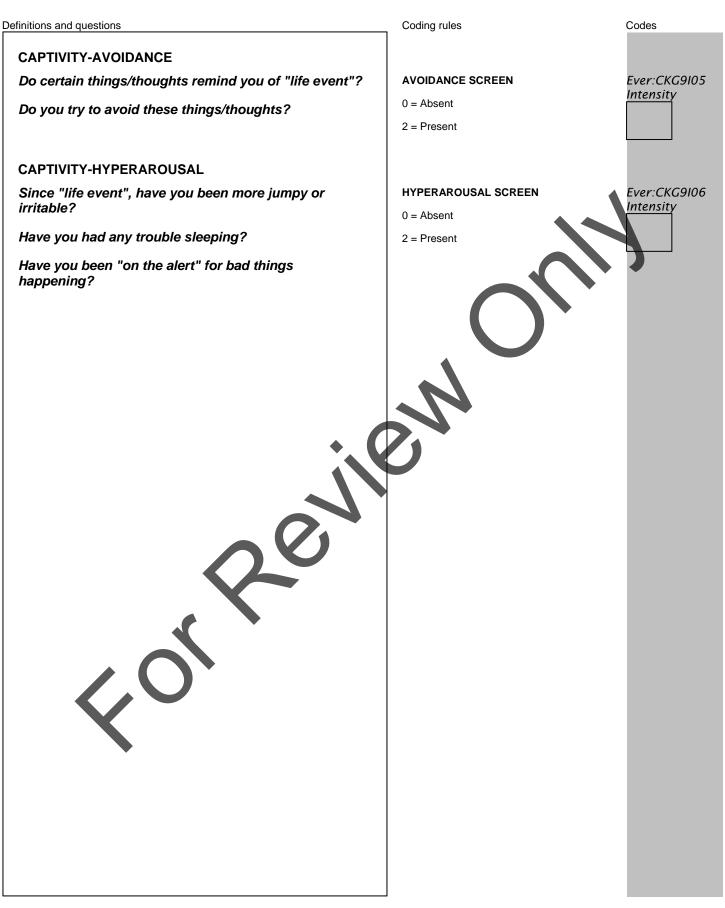


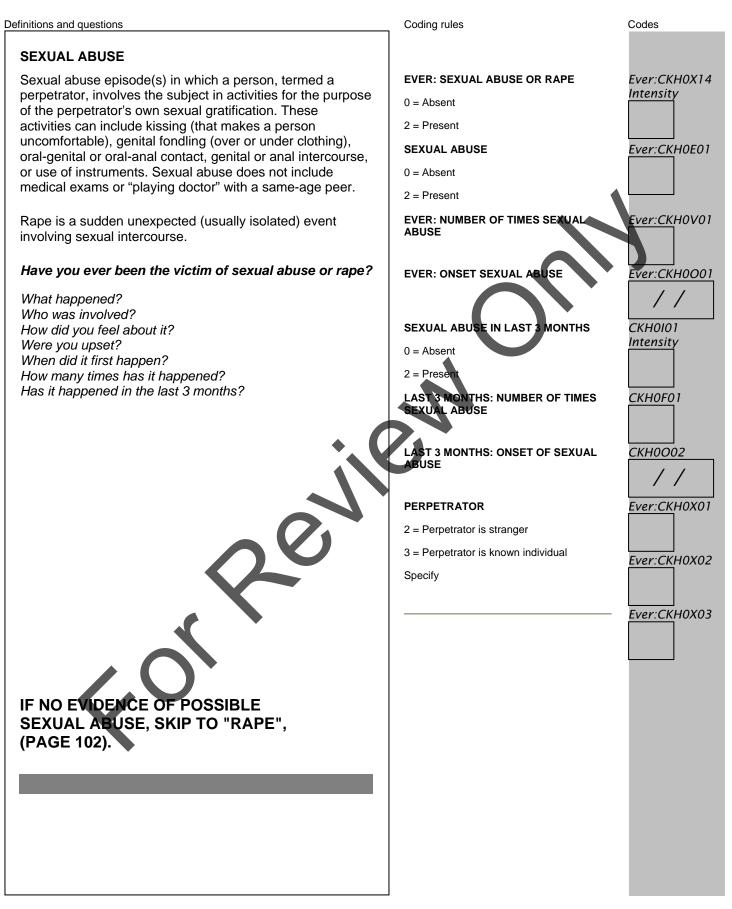


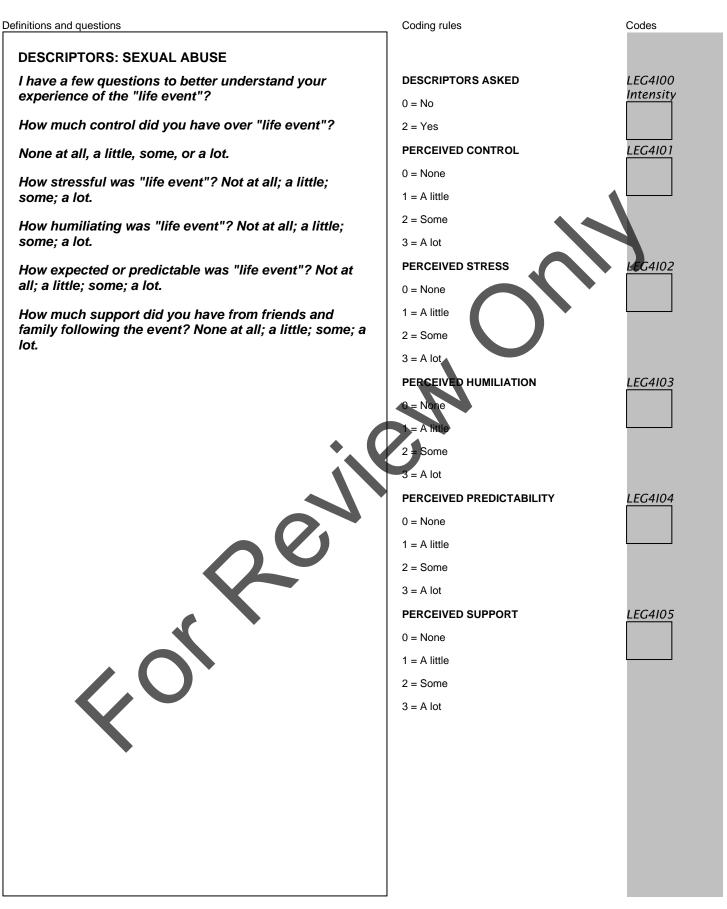
Definitions and questions Codes Coding rules CAPTIVITY CAPTIVITY Ever:CKG8E01 Being held against one's will (usually by someone older) under circumstances with potential for death, severe Intensity 0 = Absent physical injury, sexual or physical assault. Include being kidnapped or held hostage. Do not include grounding, time 2 = Held captive against will for at least a day. outs, or being required to stay with a non-desired person or in a non-desired setting such as day care, camp, a hospital, 3 = Captivity included threats of death, or a correctional facility. severe injury, or never seeing family member(s) again. Have you ever been kidnapped? Ever:CKG8V01 requency Or taken as a hostage? Have you ever been locked up against your will? **HOURS : MINUTES** Ever:CKG8D01 What happened? Duration Who did it? For how long? How did they treat you? Ever:CKG8001 What did they want you to do? Onset How did they make you do what they wanted? How did you feel at the time? | | How many times did that happen? CKG8101 Has it happened in the last 3 months? Intensity Absent How long were you in that situation (days/hours/minutes)? Held captive against will for at least a lav. When did that (first) happen? 3 = Captivity included threats of death, severe injury, or never seeing family member(s) again. CKG8F01 Frequency CKG8002 Onset | | IF CAPTIVITY NOT PRESENT, SKIP TO "SEXUAL ABUSE", (PAGE 97).

finitions and questions	Coding rules	Codes
DESCRIPTORS: CAPTIVITY		
I have a few questions to better understand your experience of the "life event"?	DESCRIPTORS ASKED	LEG2100
	0 = No	Intensity
How much control did you have over "life event"?	2 = Yes	
None at all, a little, some, or a lot.	PERCEIVED CONTROL	LEG2101
How stressful was "life event"? Not at all; a little;	0 = None	
some; a lot.	1 = A little	
How humiliating was "life event"? Not at all; a little;	2 = Some	
some; a lot.	3 = A lot	
How expected or predictable was "life event"? Not at	PERCEIVED STRESS	LEG2102
all; a little; some; a lot.	0 = None	•
How much support did you have from friends and family following the event? None at all; a little; some; a	1 = A little	
lot.	2 = Some	
	3 = A lot	
		LEG2103
	0 = None	
•	1 = A little 2 = Some	
	3 = A lot	
	PERCEIVED PREDICTABILITY	LEG2104
	0 = None	
	1 = A little	
	2 = Some	
	3 = A lot	
	PERCEIVED SUPPORT	LEG2105
	0 = None	
	1 = A little	
	2 = Some	
	3 = A lot	









COERCION (SEXUAL ABUSE)

Use of threat to constrain victim.

Did the person ever threaten to hurt you or get you in trouble if you didn't do what s/he/they wanted?

Did s/he/they threaten you if you told someone?

Did s/he/they actually hurt you?

Did you get any cuts, bruises, or marks?

Coding rules

Codes

Ever:CKH2E01

Intensity

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.

3 = Moderate coercion: threats (of death or sever physical injury to victim or another person) but not actual use of force.

High coercion: use of force involving threat or death or severe physical injury to victim or another person. CKH2I01 Intensity

SEEKING HELP (SEXUAL ABUSE)

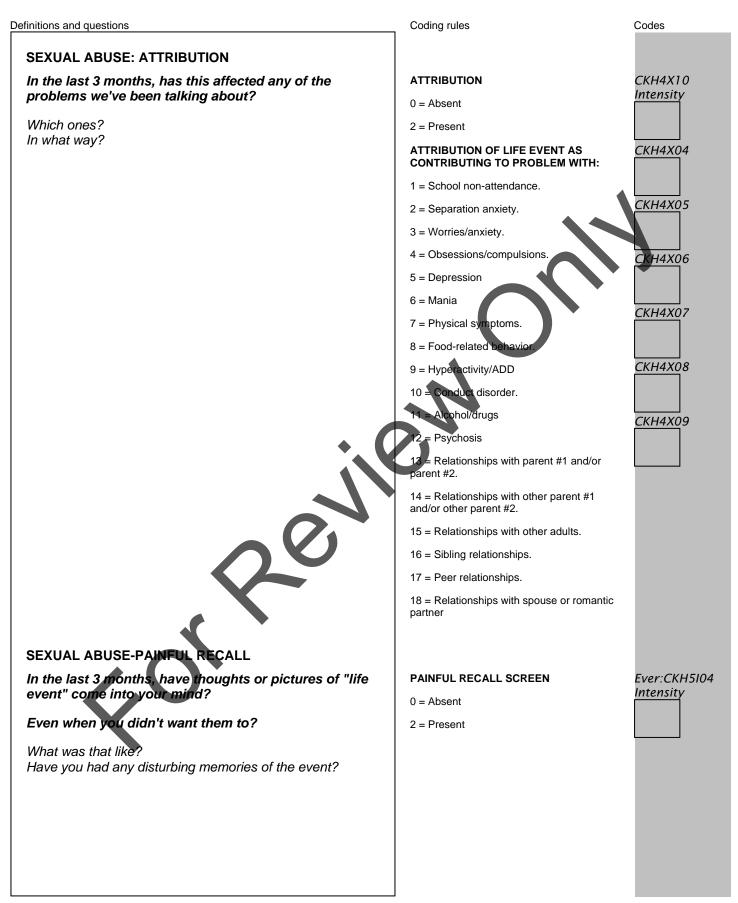
Three forms of supportive response are coded: listening, which could provide social support and emotional relief; personal intervention, which is personally attempting to prevent the reoccurrence of the situation; or intervention involving a professional agency, which might be phoning the police, contacting 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.

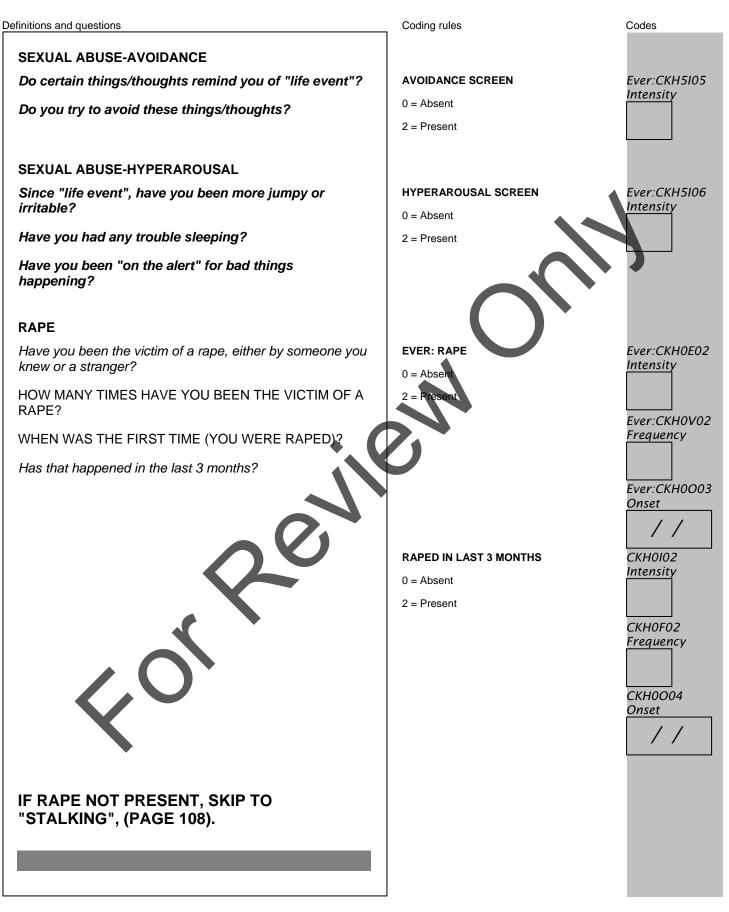
Did you ever tell anyone about these things?

Someone your age? A family member? An adult outside your family? **Did s/he help?**

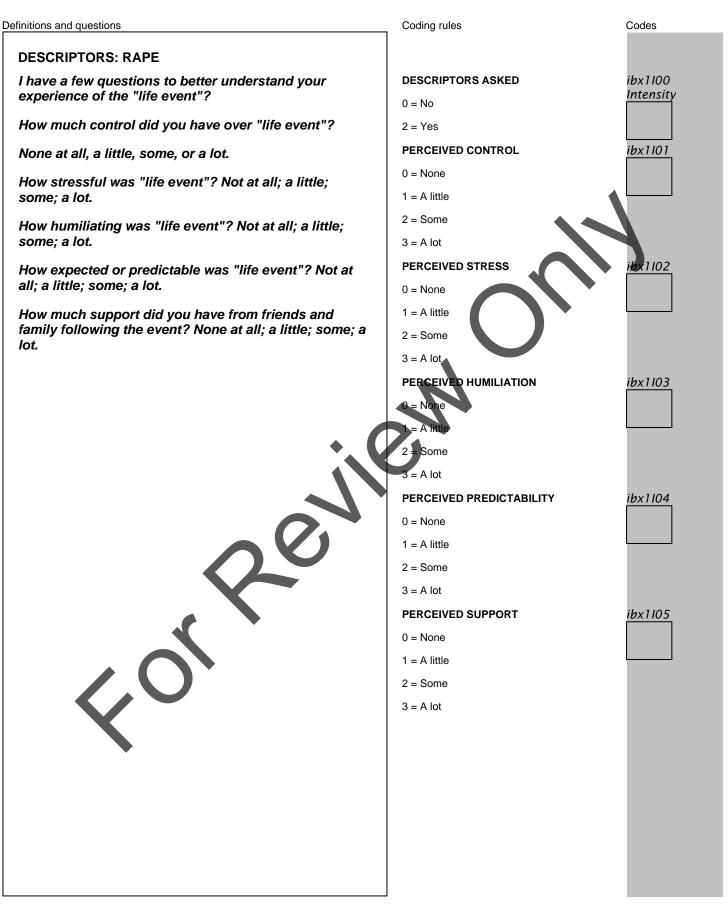
What happened? What did s/he do? Did you feel s/he/they could have done more?

	Coding rules	Codes
d: listening,	SEEKING HELP (SEXUAL ABUSE)	Ever:XYZ3I15
onal relief;	0 = Absent	Intensity
empting to ntervention	2 = Present	
be phoning ferring the ject from what Unsupportive ictance to get hreatening the	SUPPORTIVE RESPONSE: FAMILY MEMBER	Ever:CKH3X02
	2 = Listening	
	3 = Personal intervention.	
	4 = Intervention involving professional agency.	4
ıs?	SUPPORTIVE RESPONSE: OTHER ADULT	Ever:CKH3X03
	2 = Listening	
	3 = Personal intervention.	
	4 = Intervention involving professional agency.	
ore?	UNSUPPORTIVE RESPONSE: FAMILY MEMBER	Ever:CKH4X02
ne?	2 = Unwillingness to listen.	
• 0	3	
	4 = Denial of truth of story.	Intensity Ever:CKH3X02 Ever:CKH3X03 Ever:CKH4X02 Stells. R Ever:CKH4X03
	5 = Threaten subject if ever tell anyone.	
	6 = Threatens to harm others if subject tells.	
0	UNSUPPORTIVE RESPONSE: OTHER ADULT	Ever:CKH4X03
	2 = Unwillingness to listen.	
-	3 = Reluctance to get involved.	
	4 = Denial of truth of story.	
	5 = Threaten subject if ever tell anyone.	
	6 = Threatens to harm others if subject tells.	





Wave P eYAPA 2.0.3



COERCION (RAPE)

Use of threat to constrain victim.

Did the person ever threaten to hurt you or get you in trouble if you didn't do what s/he/they wanted?

Did s/he/they threaten you if you told someone?

Did s/he/they actually hurt you?

Did you get any cuts, bruises, or marks?

Coding rules

Codes

Ever:ibx2E01

Intensity

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

ibx2I01 Intensity

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.

High coercion: use of force involving threat or death or severe physical injury to victim or another person.

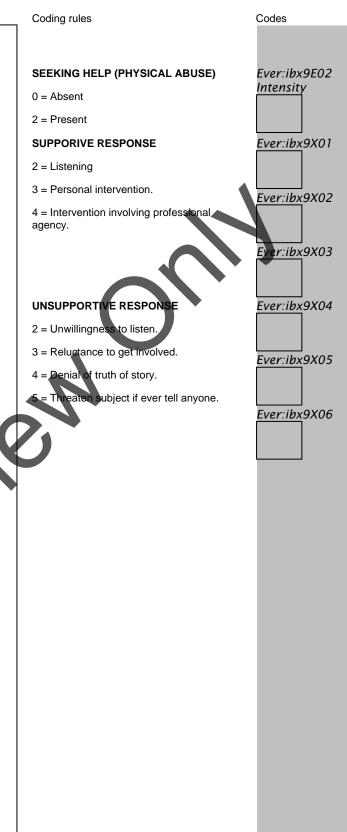
SEEKING HELP (RAPE)

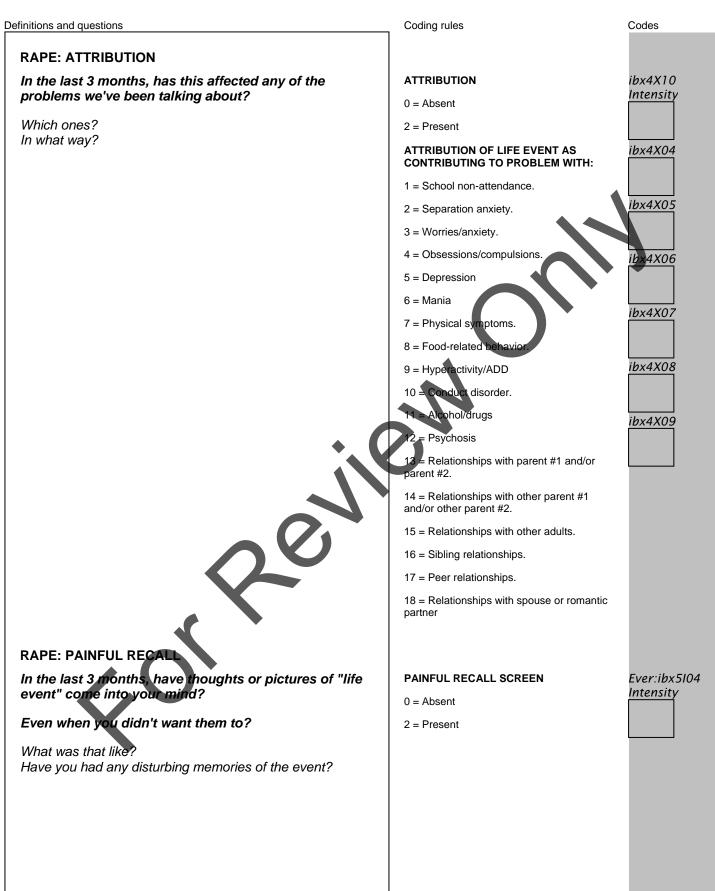
Three forms of supportive response are coded: listening, which could provide social support and emotional relief; personal intervention, which is personally attempting to prevent the reoccurrence of the situation; or intervention involving a professional agency, which might be phoning the police, contacting 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?

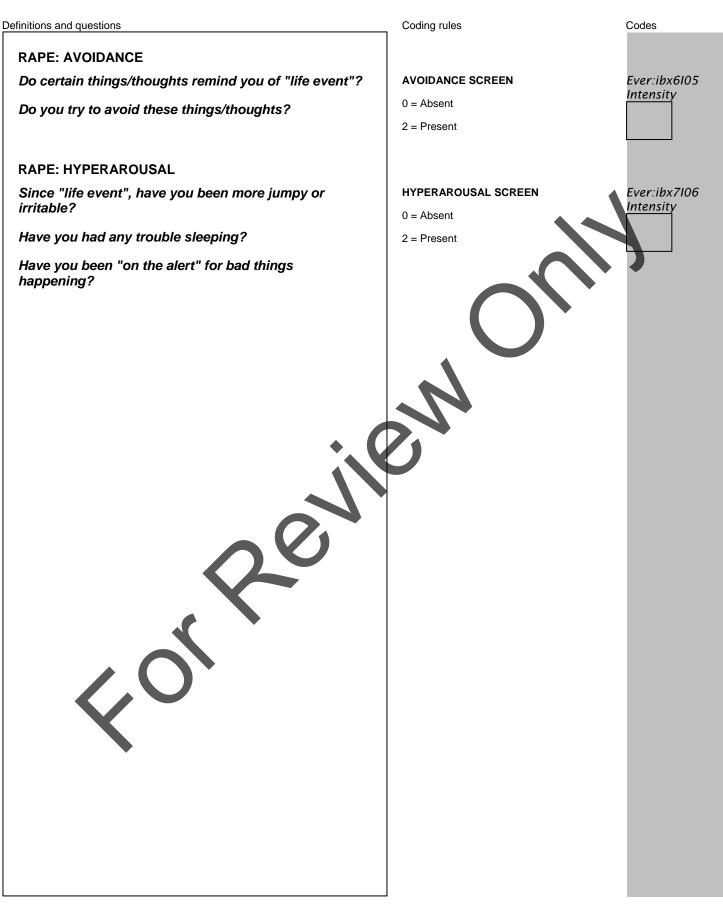
Someone your age? A family member? An adult outside your family? Has any agency been involved in helping you? **Did s/he help?**

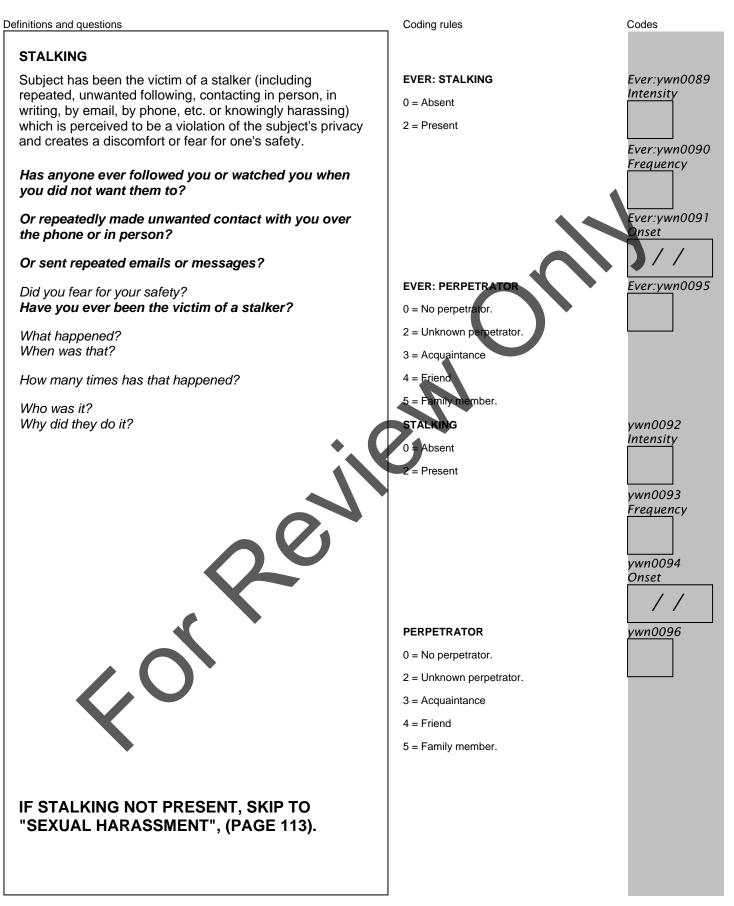
What happened? What did s/he do? Did you feel s/he/they could have done more?





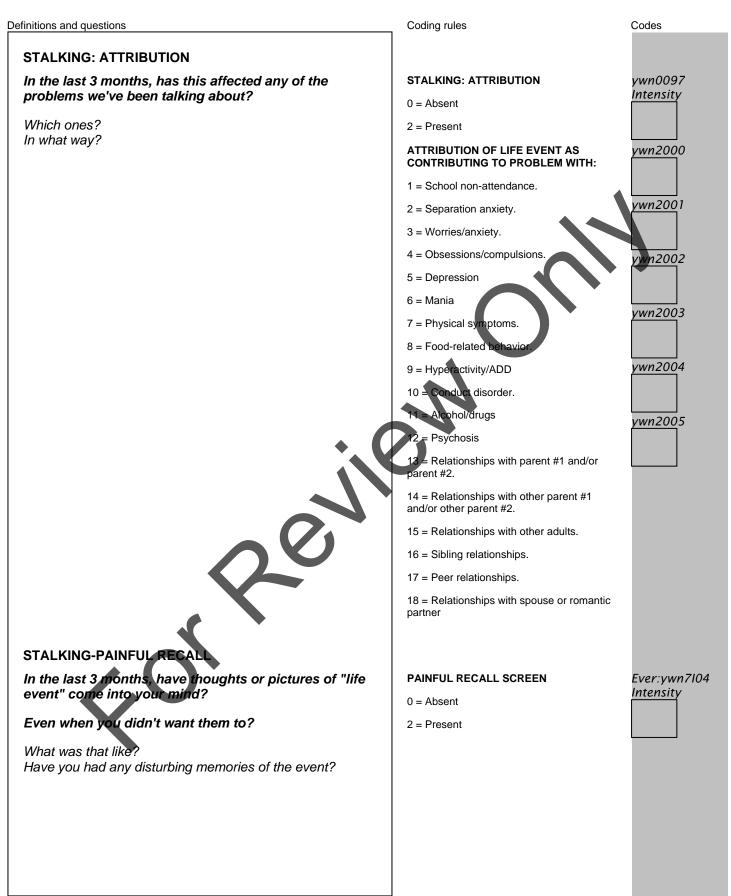
Wave P eYAPA 2.0.3

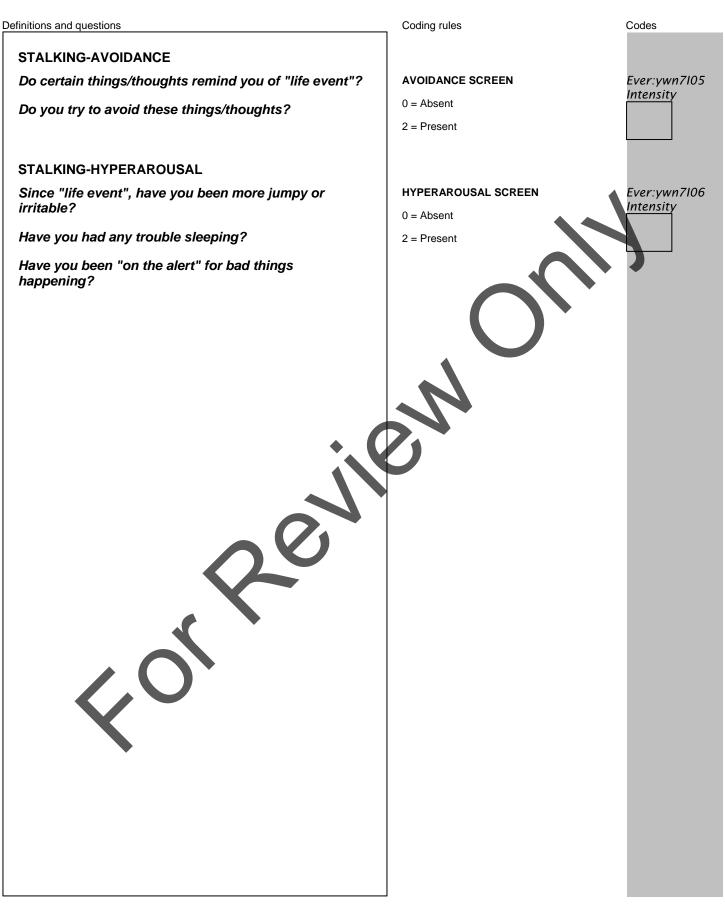


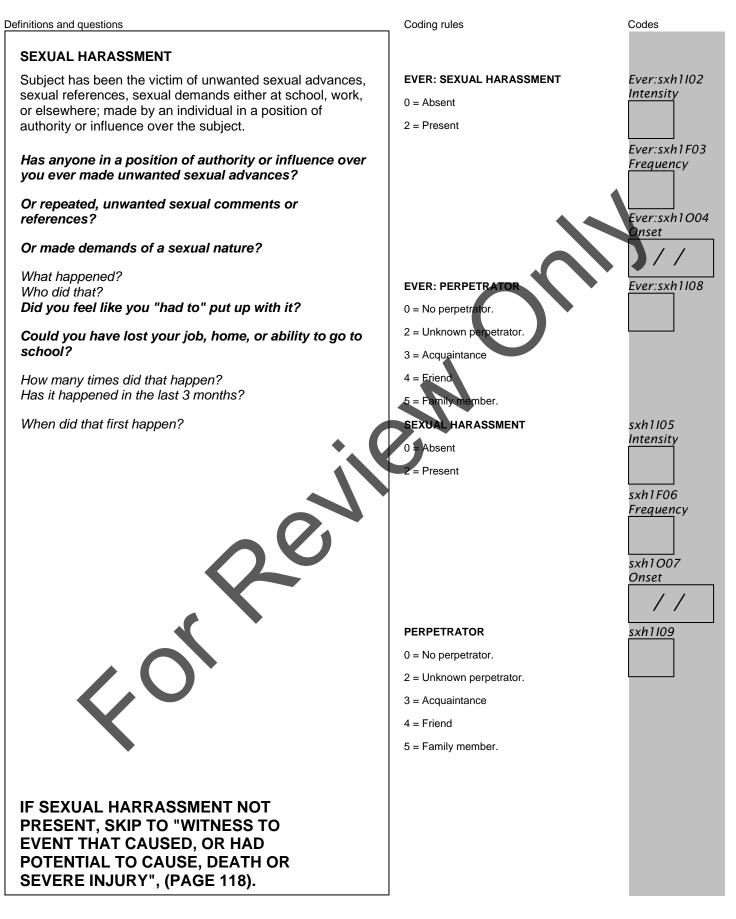




finitions and questions	Coding rules	Codes
DESCRIPTORS: STALKING		
I have a few questions to better understand your experience of the "life event"?	DESCRIPTORS ASKED	LEHOIOO
	0 = Yes	Intensity
How much control did you have over "life event"?	2 = No	
None at all, a little, some, or a lot.	PERCEIVED CONTROL	LEHOIO1
How stressful was "life event"? Not at all; a little;	0 = None	
some; a lot.	1 = A little	
How humiliating was "life event"? Not at all; a little;	2 = Some	
some; a lot.	3 = A lot	
How expected or predictable was "life event"? Not at all; a little; some; a lot.	PERCEIVED STRESS	LEH0102
	0 = None 1 = A little	•
<i>How much support did you have from friends and family following the event? None at all; a little; some; a lot.</i>	2 = Some	
	3 = A lot	
		LEH0I03
	0 = None	
	1 = A little	
	2 = Some	
	3 = A lot	
	PERCEIVED PREDICTABILITY	LEHOIO4
	0 = None	
	1 = A little	
	2 = Some	
	3 = A lot	
	PERCEIVED SUPPORT	LEHOIO5
	0 = None	
	1 = A little	
	2 = Some	
	3 = A lot	
•		



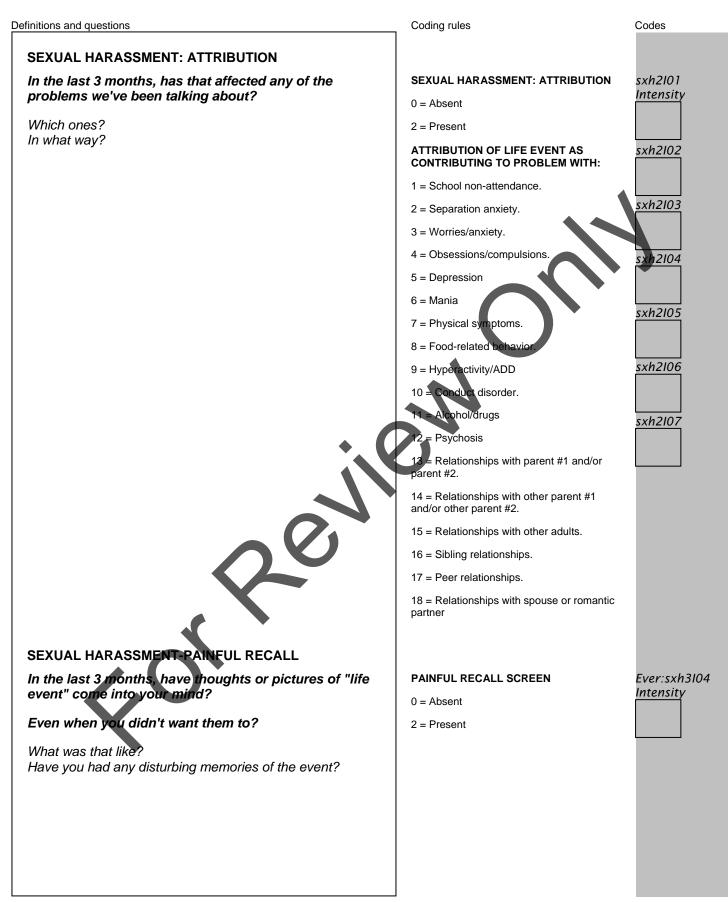


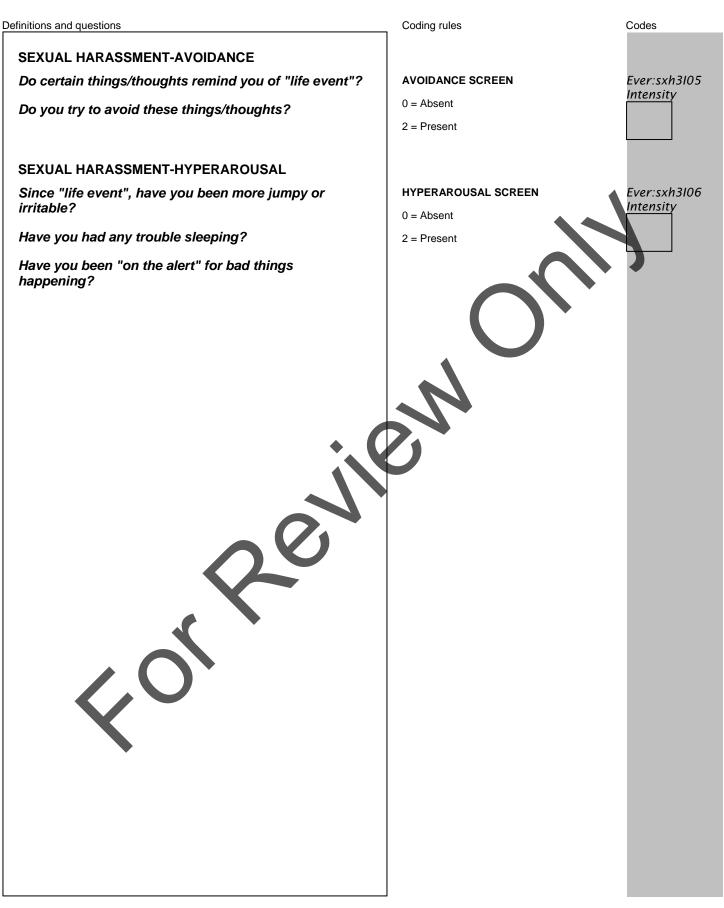




Wave P eYAPA 2.0.3

finitions and questions	Coding rules	Codes
DESCRIPTORS: SEXUAL HARASSMENT		
I have a few questions to better understand your experience of the "life event"?	DESCRIPTORS ASKED	LEH2I00 Intensity
·	0 = No	
How much control did you have over "life event"?	2 = Yes	
None at all, a little, some, or a lot.	PERCEIVED CONTROL	LEH2I01
How stressful was "life event"? Not at all; a little;	0 = None	
some; a lot.	1 = A little	
How humiliating was "life event"? Not at all; a little;	2 = Some	
some; a lot.	3 = A lot	
How expected or predictable was "life event"? Not at	PERCEIVED STRESS	<u>КЕН2102</u>
all; a little; some; a lot.	0 = None	•
How much support did you have from friends and	1 = A little	
family following the event? None at all; a little; some; a lot.	2 = Some	
101.	3 = A lot	
	PERCEIVED HUMILIATION	LEH2103
	0 = None	
	1 = A little	
•	2 = Some	
	3 = A lot	
	PERCEIVED PREDICTABILITY	LEH2104
	0 = None	
	1 = A little	
	2 = Some	
	3 = A lot	
	PERCEIVED SUPPORT	LEH2105
	0 = None	
	1 = A little	
	2 = Some	
	3 = A lot	





WITNESS TO EVENT THAT CAUSED, OR HAD POTENTIAL TO CAUSE, DEATH OR SEVERE INJURY

Subject 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.

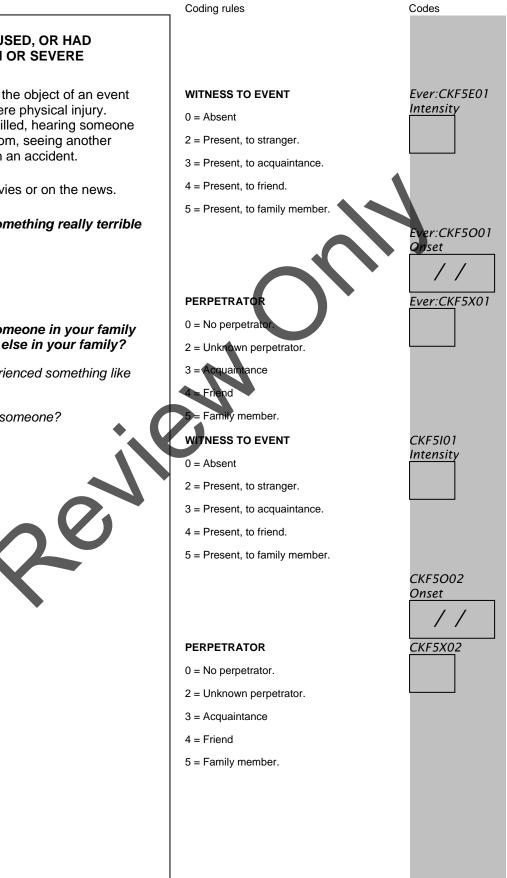
Do not include events seen in movies or on the news.

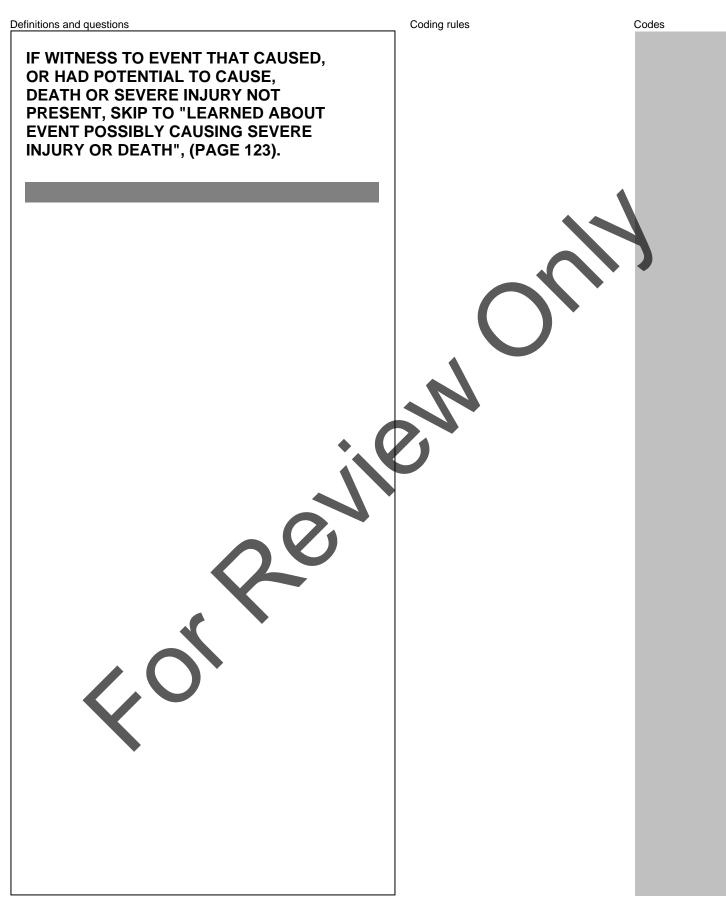
Have you ever seen or heard something really terrible happen to anyone?

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?

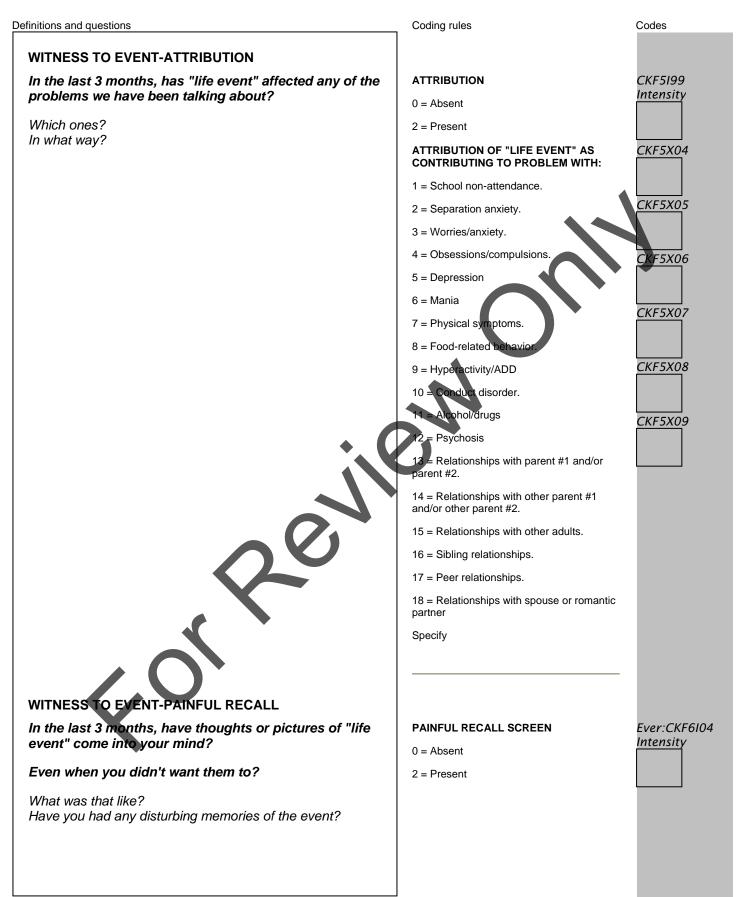
When was the first time you experienced something like that?

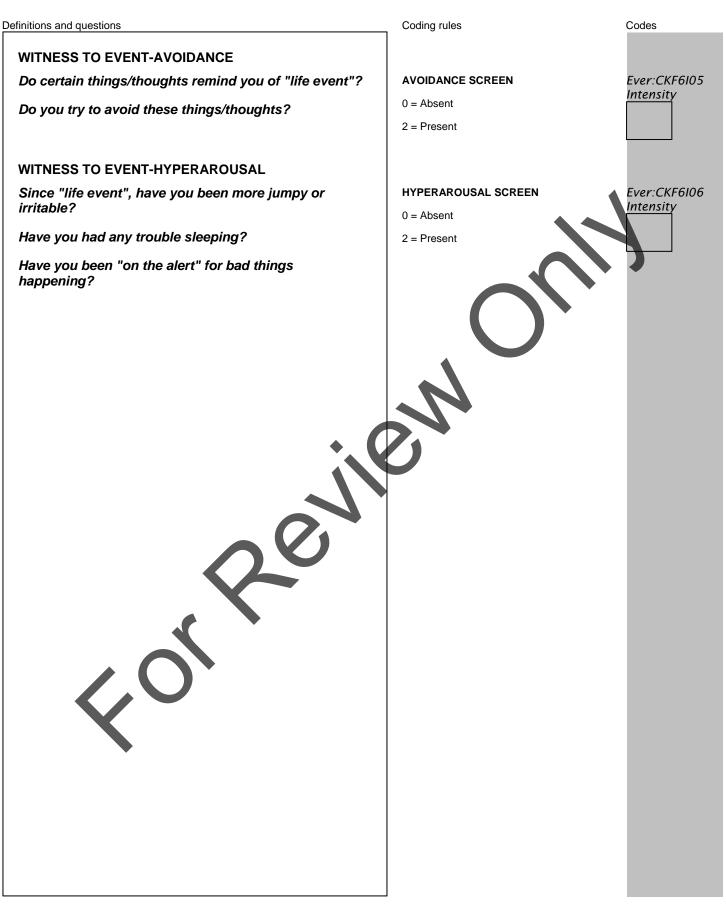
Who was the person who injured someone?

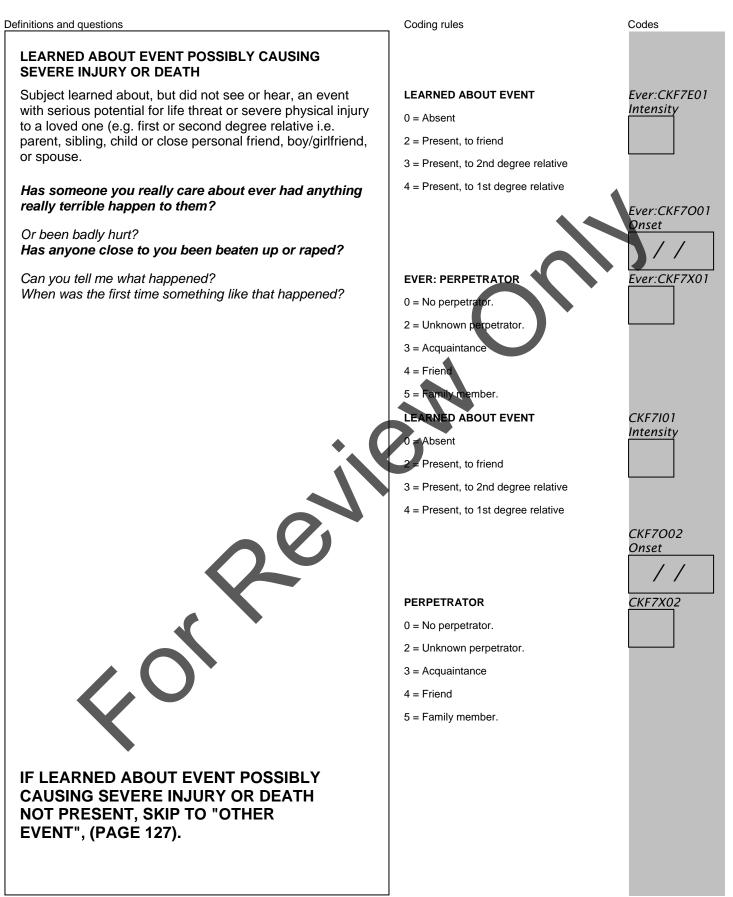




initions and questions	Coding rules	Codes
DESCRIPTORS: WITNESS TO EVENT		
I have a few questions to better understand your experience of the "life event"?	DESCRIPTORS ASKED	LEF4100 Intensity
	0 = No	
How much control did you have over "life event"?	2 = Yes	
None at all, a little, some, or a lot.	PERCEIVED CONTROL	LEF4I01
How stressful was "life event"? Not at all; a little;	0 = None 1 = A little	
some; a lot.	2 = Some	
How humiliating was "life event"? Not at all; a little; some; a lot.	3 = A lot	
	PERCEIVED STRESS	LEF4102
How expected or predictable was "life event"? Not at all; a little; some; a lot.	0 = None	
	1 = A little	
How much support did you have from friends and family following the event? None at all; a little; some; a	2 = Some	
lot.	3 = A lot	
		LEF4103
•	2 = Some	
	3 = A lot	
		LEF4I04
	0 = None	
	1 = A little	
	2 = Some	
	3 = A lot	
	PERCEIVED SUPPORT	LEF4105
	0 = None	
	1 = A little	
	2 = Some	
	3 = A lot	

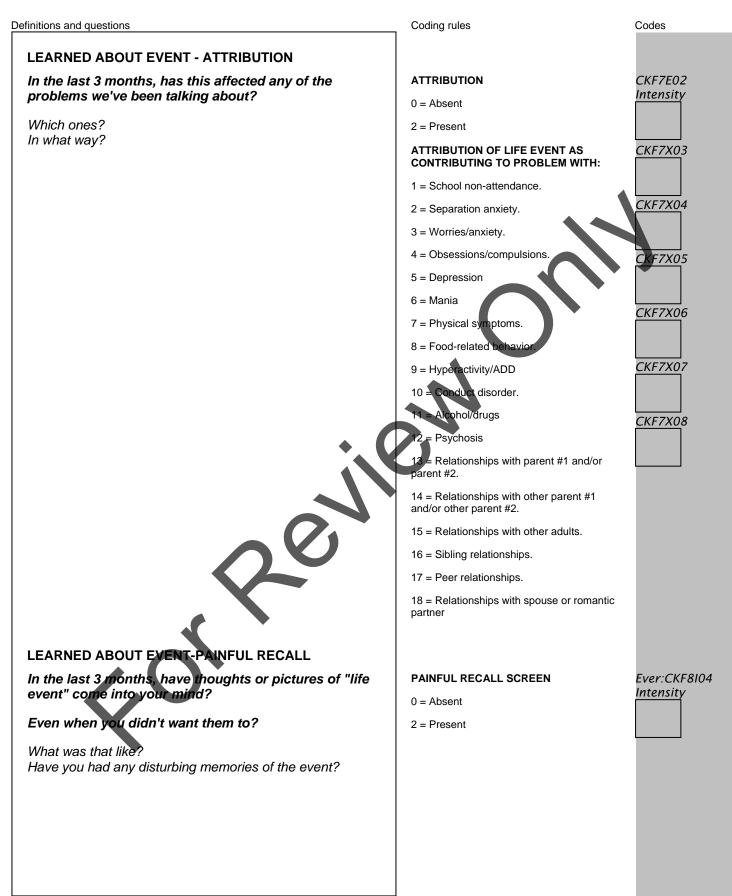


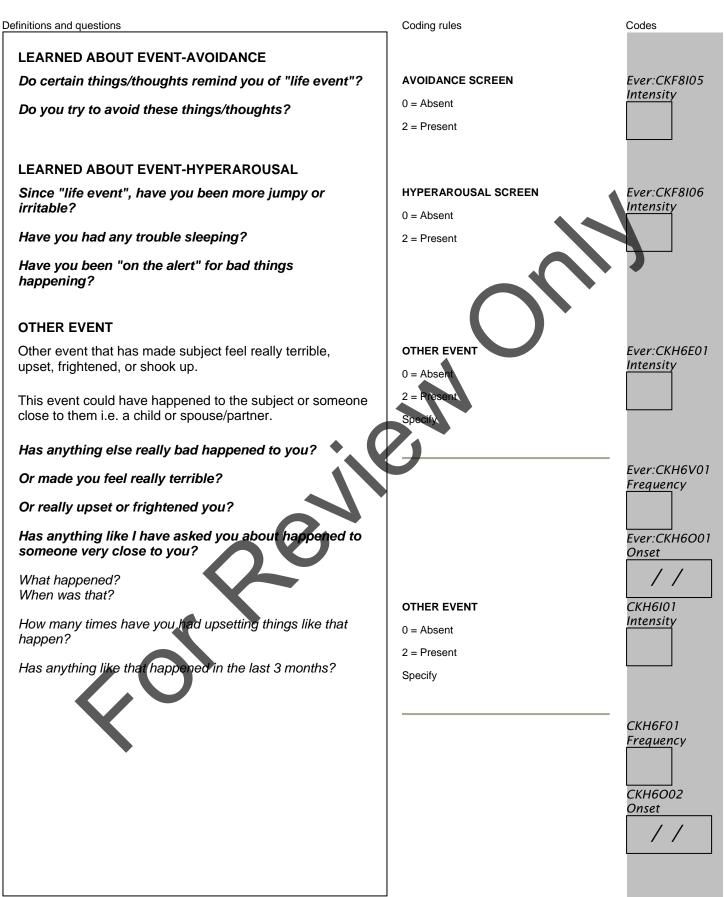




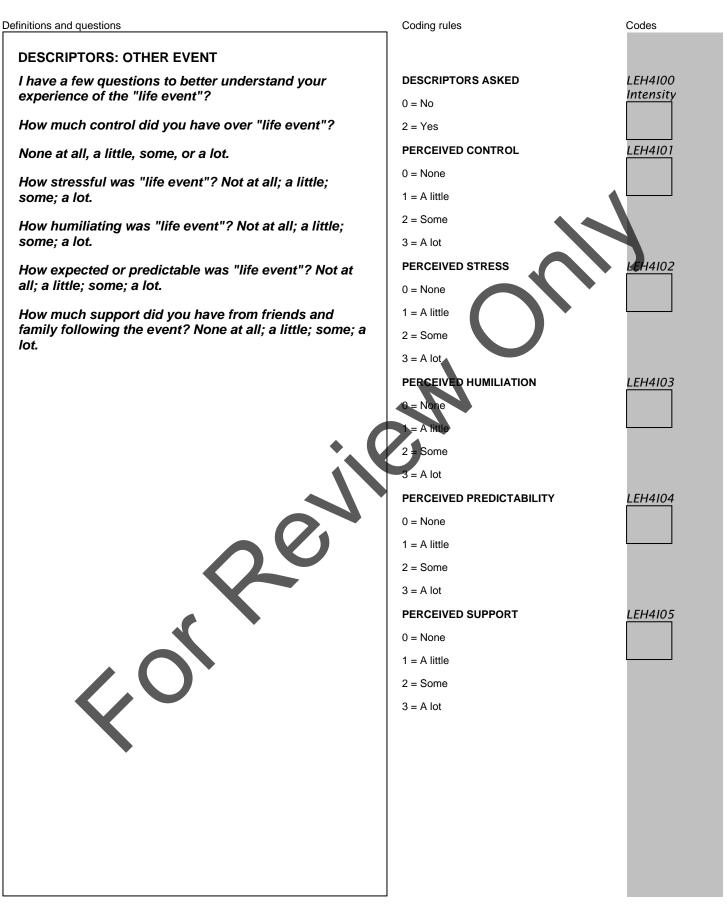


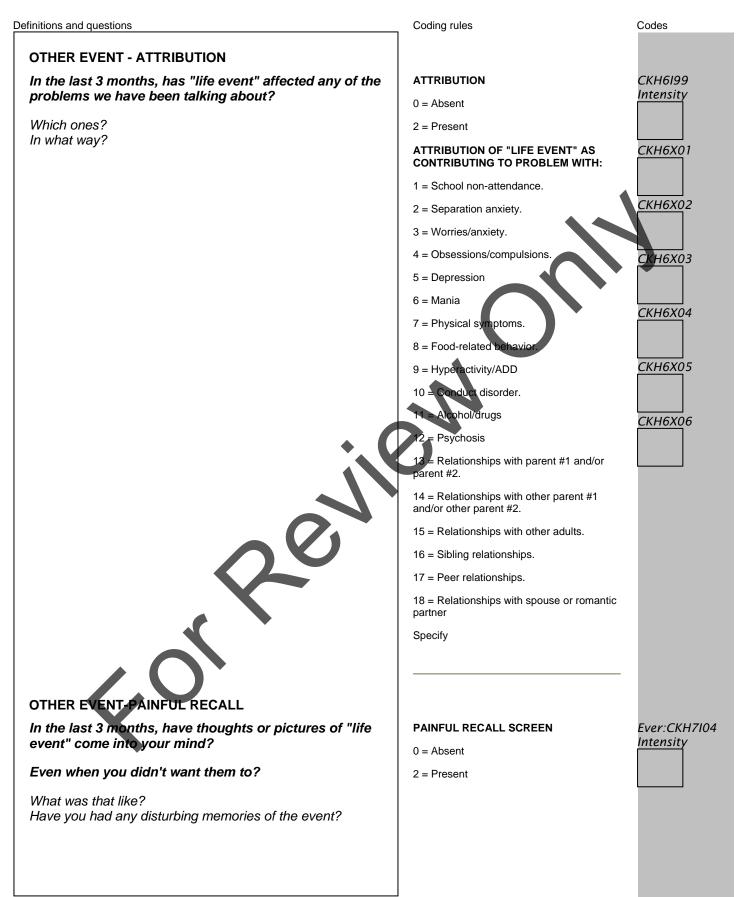
finitions and questions	Coding rules	Codes
DESCRIPTORS: LEARNED ABOUT EVENT		
I have a few questions to better understand your	DESCRIPTORS ASKED	LEF5100
experience of the "life event"?	0 = No	Intensity
How much control did you have over "life event"?	2 = Yes	
None at all, a little, some, or a lot.	PERCEIVED CONTROL	LEF5101
How stressful was "life event"? Not at all; a little;	0 = None	
some; a lot.	1 = A little	
How humiliating was "life event"? Not at all; a little;	2 = Some	
some; a lot.	3 = A lot	
How expected or predictable was "life event"? Not at	PERCEIVED STRESS	LEF5102
all; a little; some; a lot.	0 = None	•
How much support did you have from friends and	1 = A little	
family following the event? None at all; a little; some; a lot.	2 = Some	
	3 = A lot	
	PERCEIVED HUMILIATION	LEF5103
	0 = None	
	1 = A little	
	2 = Some	
	3 = A lot	
	PERCEIVED PREDICTABILITY	LEF5I04
	0 = None	
	1 = A little	
	2 = Some	
	3 = A lot	
	PERCEIVED SUPPORT	LEF5105
	0 = None	
	1 = A little	
	2 = Some	
	3 = A lot	

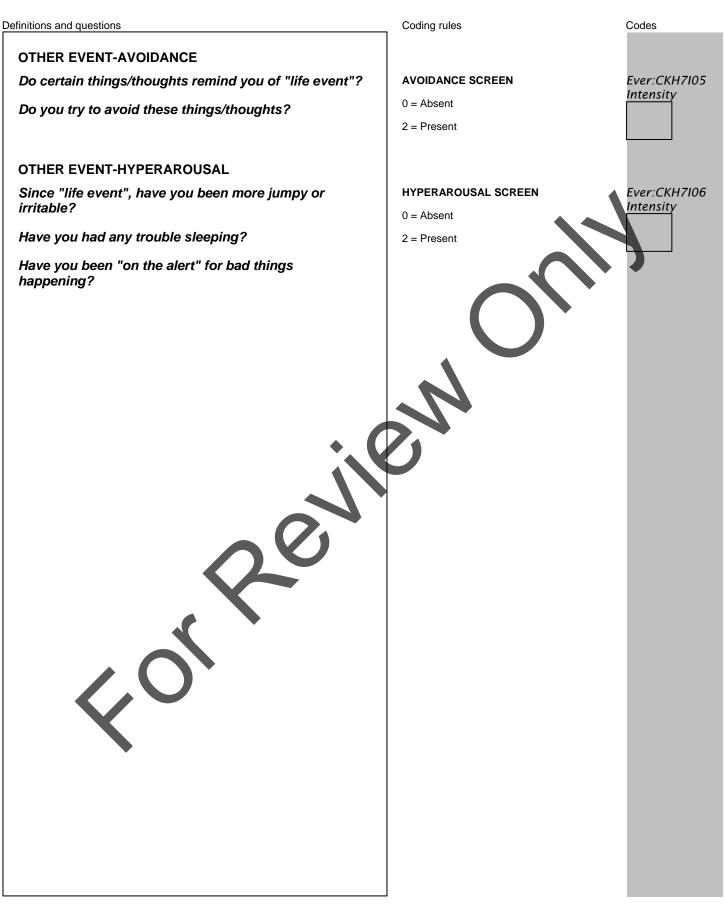




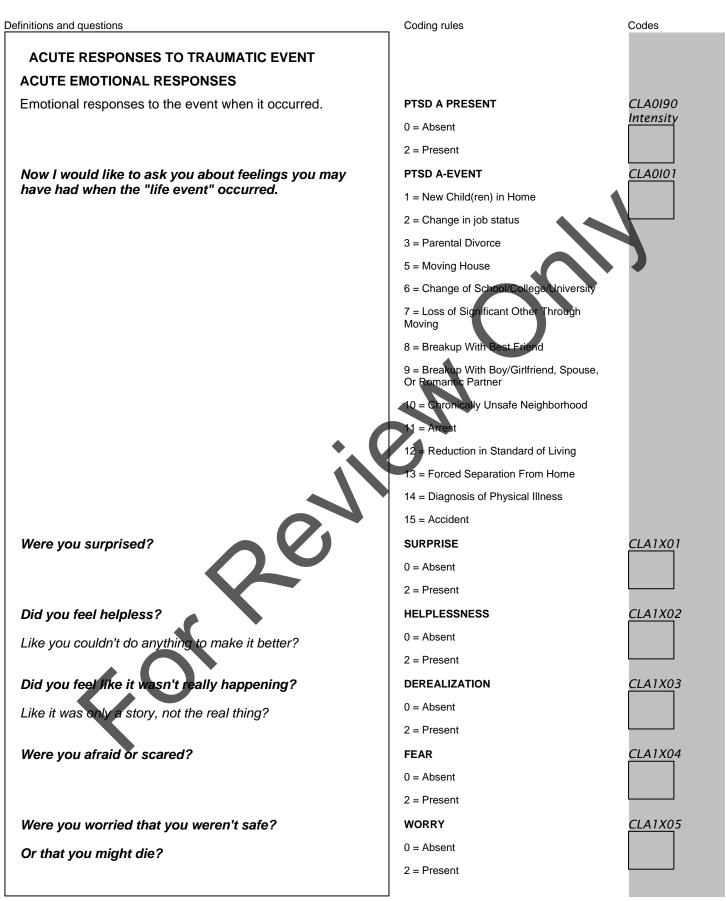






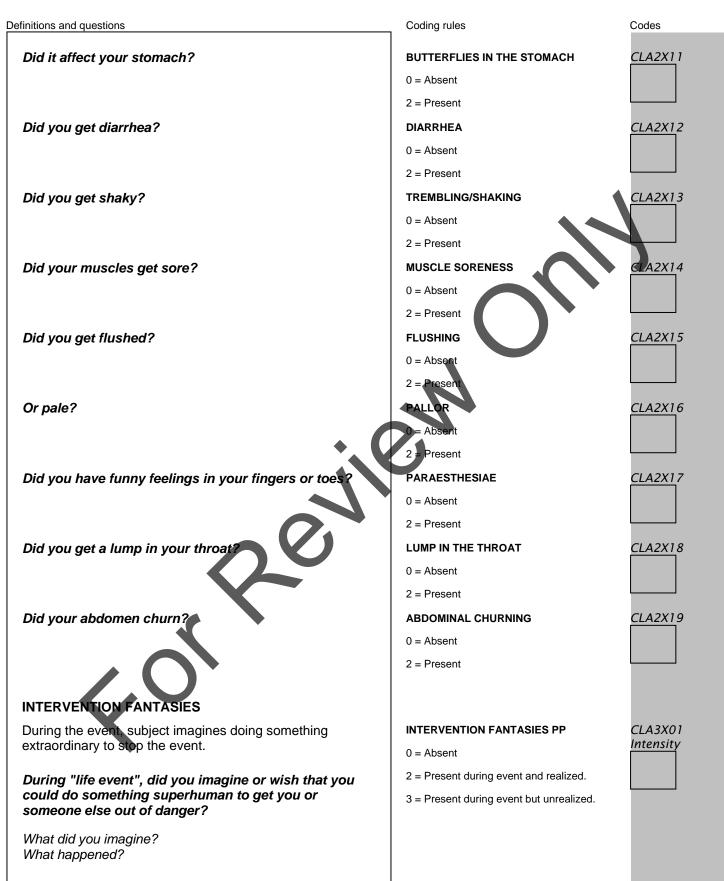


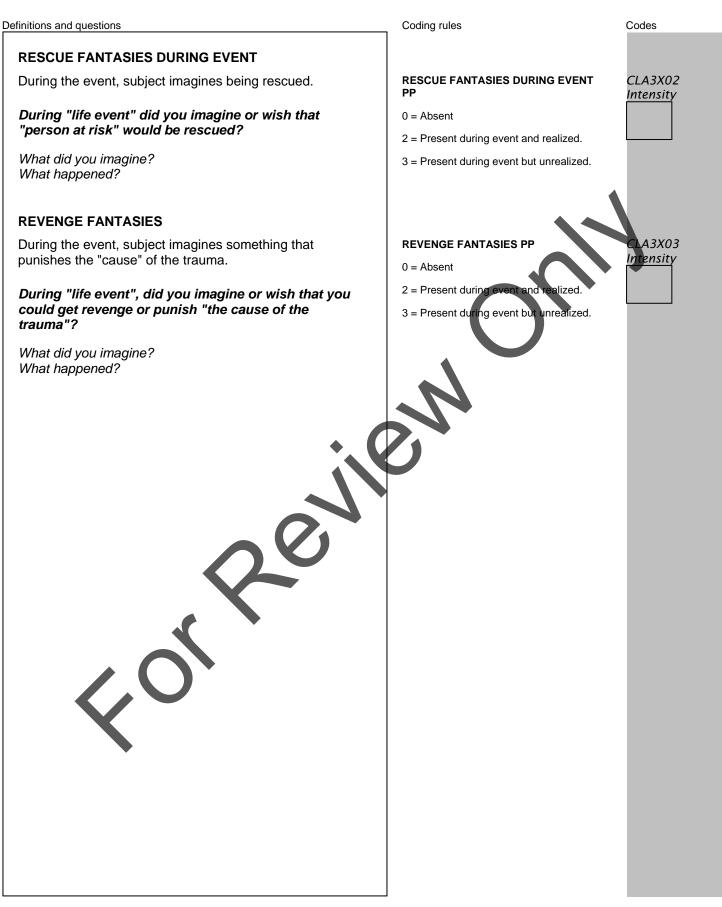
Definitions and questions	Coding rules	Codes
POST TRAUMATIC STRESS - A SCREEN FOR LIFE EVENT IN LAST 3 MONTHS		
Mark "Present" if any Life Event in last 3 months had a positive screen.	SCREEN FOR LIFE EVENT IN LAST 3 MONTHS	CLA9X89 Intensity
<i>Was there a Life Event in the last 3 months with a positive screen?</i>	0 = Absent 2 = Present	
IF LIFE EVENT IN LAST 3 MONTHS ABSENT, SKIP TO "ACTIONS RECAPITULATING LIFE EVENT", (PAGE 22).		3
	N	
	5	



initions and questions	Coding rules	Codes
Did you get angry?	ANGER	CLA1X06
	0 = Absent	
	2 = Present	
Did you feel horrified?	HORROR	XYZ%809
	0 = Absent	
	2 = Present	
Did you feel nothing at all?	EMOTIONAL NUMBNESS	CLA1X07
Like you couldn't feel anything?	0 = Absent	
Or didn't want to feel anything?	2 = Present	
Were you grossed out or disgusted by what happened?	DISGUST/REVULSION	<u>CLA1X0</u> 8
	0 = Absent	
	2 = Present	
Did you feel out of control?	OUT OF CONTROL	<u>CLA1X09</u>
That you might not be able to control your feelings?	0 = Absent	
	2 = Present	
Did you feel sad?	SAD	<u>CLA1X1</u> 0
	0 = Absent	
*	2 = Present	
Did you feel confused?	CONFUSED	<u>CLA1X1</u> 1
Like you couldn't understand what was happening?	0 = Absent	
Like it didn't make any sense?	2 = Present	
Did you feel out of touch with yourself?	DETACHED	CLA1X12
Or cut off from yourself?	0 = Absent	
	2 = Present	
As if you were in a dream? Or as if "event" wasn't happening to you?		
	GUILTY	CI A 1 V 1 2
Did you feel guilty?	0 = Absent	CLA1X13
Like it was your fault?	0 = Absent 2 = Present	
Did you feel like someone you trusted had tricked you?	BETRAYED	CLA1X14
\checkmark	0 = Absent	
	2 = Present	CLA17415
Did you feel embarrassed by what was happening?	EMBARRASSED	CLA1X15
Or ashamed?	0 = Absent	
	2 = Present	

finitions and questions	Coding rules	Codes
ACUTE SOMATIC RESPONSES		
Physical responses to the life event when it occurred.	ACUTE SOMATIC RESPONSES PP	CLA2190
When "life event" occurred, did it affect you physica at all?	<i>Ily</i> 0 = Absent 2 = Present	Intensity
What did you notice?		
Did you get dizzy or giddy or faint?	DIZZINESS/FAINTNESS	CLA2X01
	0 = Absent	
	2 = Present	
Did you get a dry mouth?	DRY MOUTH	CLA2X02
	0 = Absent	
	2 = Present	
Did it affect your breathing?	CHOKING/SMOTHERING	<u>CLA2X0</u> 3
How?	0 = Absent	
	2 = Present	
	DIFFICULTY BREATHING	<u>CLA2X0</u> 4
	0 = Absent	
•	2 Present	
	RAPID BREATHING	<u>CLA2X05</u>
	0 = Absent	
	2 = Present	
Did it affect your heart?	PALPITATIONS	<u>CLA2X0</u> 6
	0 = Absent	
	2 = Present	
Did you get a pain in your chest?	TIGHTNESS OR PAIN IN CHEST	<u>CLA2X07</u>
	0 = Absent	
	2 = Present	
Did you get sweaty?	SWEATING	CLA2X08
	0 = Absent	
	2 = Present	
Or feel sick?	NAUSEA	CLA2X09
	0 = Absent	
	2 = Present	
Did you have to go to the bathroom?	URINATING FREQUENTLY	CLA2X10
	0 = Absent	
	2 = Present	





COGNITIVE INTRUSIONS

EXTERNALLY CUED PAINFUL RECALL

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.

In the last 3 months have upsetting memories or pictures in your mind of "life event" come back to you?

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"?

How often has that happened in the last 3 months? When that happens, is it on your mind all the time or only part of the time? Does it happen more that once on those days?

When you have those thoughts, how long does it last?

When did you first start having those distressing thoughts/images?

Do you try to avoid any things or places that might remind you of "life event"?

When you remember event, what do you do to feel better?

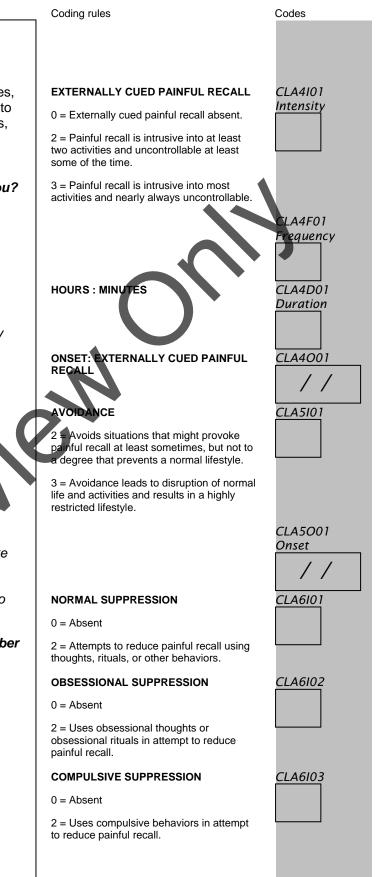
Do you try to think about other things or do things you like to do to take your mind off of it? Do you talk to someone and ask them to help you? Do you have a routine of things you can think about or do to feel better?

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 s/he is remembering event?

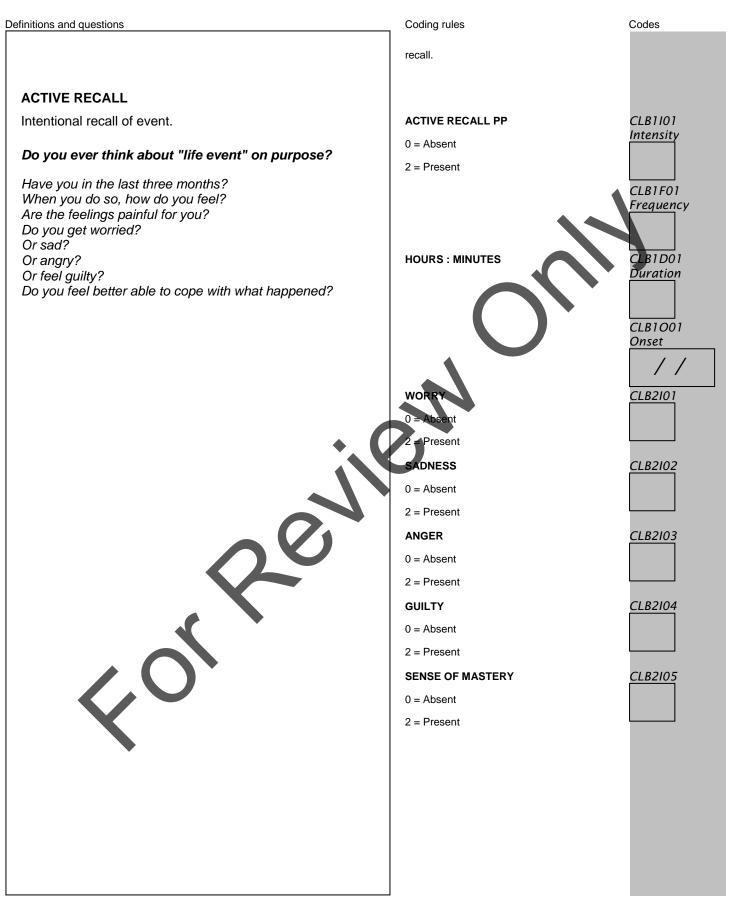
What do they see?



Definitions and questions	Coding rules	Codes
	AUTONOMIC EFFECTS	<u>CLA7I01</u>
	0 = Absent	
	2 = Autonomic changes in response to painful recall.	
	PAINFUL RECALL NOTICEABLE TO OTHERS	CLA7102
	0 = No	
	2 = Subject reports others notice changes (anxiety, daydreaming, etc.).	

Definitions and questions Codina rules Codes PAINFUL RECALL NOT EXTERNALLY CUED PAINFUL RECALL NOT EXTERNALLY Recollections not cued by external cues or stimuli. CLA8101 CUED PP Intensity May be internally cued responses, occurring in response to 0 = Absent emotional states, feelings, particular thoughts, autonomic 2 = Painful recall is intrusive into at least symptoms, bodily sensations, or any other internal cue or two activities and uncontrollable at least stimulus. If internal cues are a response to external some of the time. stimulus, code as Externally Cued Recollections. 3 = Painful recall is intrusive into most activities and nearly always uncontrollable. Recollections also may occur without apparent relationship CLA8F01 to either external or internal cues or stimuli. requency In the last three months have any feelings or emotions reminded you of "life event"? HOURS : MINUTES CLA8D01 Have any physical feelings or changes in your body Duration reminded you of it? When that happens, does it bring back unpleasant CLA8001 memories of "life event"? Onset What are they like? How often does that happen? How long does it last? NORMAL SUPPRESSION CLA9101 When did that start? 0 = AbsentWhen that happens, do you try not to have those = Attempts to reduce painful recall using "feelings", so you won't be reminded of "life event"? thoughts, rituals, or other behaviors. CLA9102 Do you do anything so as not to have those "feelings **OBSESSIONAL SUPPRESSION** that remind you of "life event"? 0 = Absent Do you try not to think about "life event" 2 = Uses obsessional thoughts or Do you do anything to stop yourself thinking about "life obsessional rituals in attempt to reduce painful recall. event"? Can you stop thinking about it? COMPULSIVE SUPPRESSION CLA9103 What do you do? 0 = AbsentWould other people notice when you are remembering 2 = Uses compulsive behaviors in attempt "life event"? to reduce painful recall. What would they see PAINFUL RECALL NOTICABLE TO CLB0I01 OTHERS When you "think about life event", do you notice any 0 = Nophysical effects? 2 = Subject reports others notice changes (anxiety, daydreaming, etc.). What do you notice? Do you get panicky? AUTONOMIC EFFECTS CLB0102 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





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?

When did that start?

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

CLB2106

Intensity

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 wav? When did that start?

Coding rules	Codes
RELIVING OF LIFE EVENT	CLB3101
0 = Absent	Intensity
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	CLB3F01 Frequency CLB3D01 Duration CLB3O01 Onset CLB3I02
2 = With panic attacks.	
HYPNOGOGIC (ON FALLING ASLEEP) 0 = Absent	CLB3I03
2 = Present	
	CLB3104
0 = Absent	
2 = Present	
NOCTURNAL	CLB3105
0 = Absent	
2 = Present	
DAYLIGHT (WHEN UP AND ABOUT)	CLB3106
0 = Absent	
2 = Present	
2 - 1103011	

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.

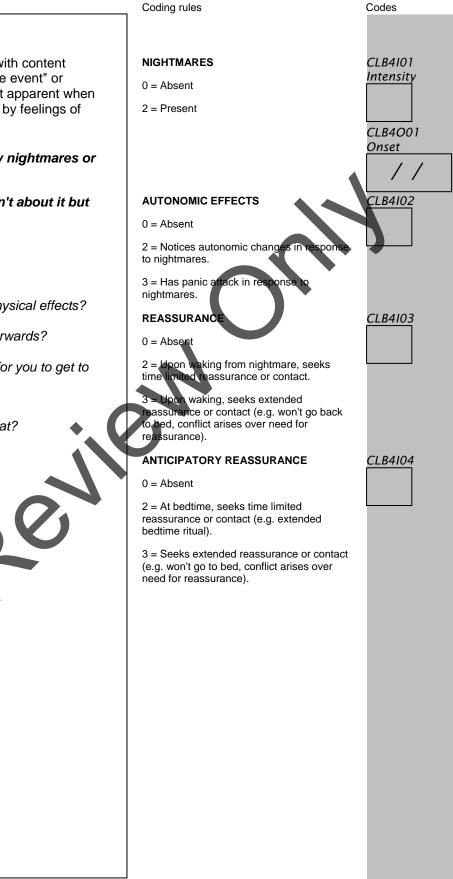
In the last 3 months, have you had any nightmares or bad dreams about "life event"?

Or nightmares or bad dreams that aren't about it but remind you of it?

Tell me about them. **Do they wake you up?**

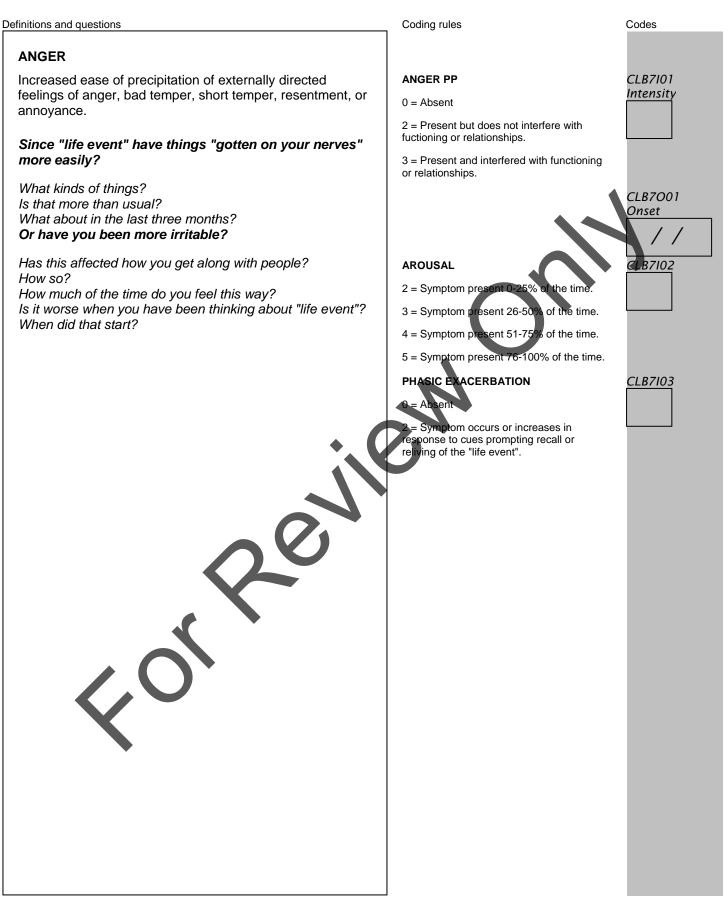
How often do they happen? When you wake up, do you notice any physical effects? When you wake up are you panicky? Is it hard for you to get back to sleep afterwards? What do you do? Does fear of these dreams make it hard for you to get to sleep? Do you have trouble sleeping alone?

When did you start having dreams like that?



Definitions and questions Coding rules Codes **HYPERAROUSAL** NON-RESTORATIVE SLEEP Disturbance of usual sleep pattern since "life event" so that NON-RESTORATIVE SLEEP PP CLB5101 Intensity subject does not feel rested upon waking and feels tired 0 = Absent during the day. Do not include insomnia; sleep is normal but subject feels sleepy during the day. 2 = Present but does not interfere with functioning. DO NOT INCLUDE INSOMNIA. 3 = Present and interfered with functioning. CLB5001 Have you been having problems sleeping well in the Onset last three months? Do you feel rested when you wake up in the morning? CLB5F01 Has that changed since "life event"? Frequency 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? AROUSAL CLB5102 Is it worse when you have been thinking about "life event"? 2 = Symptom present 0-25% of the time. Symptom present 26-50% of the time. 3 = Symptom present 51-75% of the time. Symptom present 76-100% of the time. PHASIC EXACERBATION CLB5103 0 = Absent 2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

Definitions and questions Coding rules Codes INATTENTION Difficulty maintaining sufficient involvement to allow **INATTENTION PP** CLB6101 completion of age-appropriate and developmentally Intensity 0 = Inattention absent. appropriate tasks requiring concentration. 2 = Present but does not interfere with functioning. In the last three months, have you had more trouble paying attention than before "life event"? 3 = Present and interfered with functioning. CLB6001 Is it more difficult for you to concentrate? Onset Do you have trouble remembering things? Has this caused you any problems? How much of the time do you feel this way? AROUSAL B6102 С Is it worse when you have been thinking about "life event"? 2 = Symptom present 0-25% f the t When did that start? 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 CLB6103 2 - Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".



Definitions and questions Coding rules Codes ANGER DYSCONTROL Since "life event", increased outbursts of anger have ANGER DYSCONTROL PP CLB8101 resulted from inability to control expression of anger as well Intensity 0 = Absent as used to. 2 = Present but does not interfere with fuctioning or relationships. In the last three months, have you gotten angry very often? 3 = Present and interfered with functioning or relationships. More than before "life event"? CLB8001 What has happened? Onset When you get angry, can you control your anger as much as you used to? What do you do now? AROUSAL .B8102 Has it affected how you get along with other people? 2 = Symptom present 0-25% the time How so? How much of the time do you feel this way? 3 = Symptom present 26-50% of the time. Is it worse when you have been thinking about "life event"? 4 = Symptom present 51-75 of the time. When did that start? 5 = Symptom present 76-100% of the time. PHASIC EXACERBATION CLB8103 ptom occurs or increases in esponse to cues prompting recall or ving of the "life event". rel

Definitions and questions Coding rules Codes **HYPERVIGILANCE** HYPERVIGILANCE CLB9101 Increased general level of awareness and alertness towards surroundings in the absence of imminent danger. Intensity 0 = Absent 1 = Subjective hypervigilance not In the last 3 months, have you been more "on the alert" manifested in any overt behavioral change. for bad things happening than before "life event"? 2 = Behavioral manifestations of What do you do? hypervigilance (e.g. taking care over seating or scanning environment for Are you like that even when there isn't much chance of danger) but they do not limit activities to anything bad happening? any major extent. How much has that affected your life? 3 = Behavioral manifestations of How much of the time are you like that? hypervigilance that preclude the Have you given up doing any things because you don't performance of many or most no want to take any chances? activities. Is it worse when you have been thinking about "life event"? CLB9001 When did that start? Onset | | CLB9102 AROUSA Symptom present 0-25% of the time. Symptom present 26-50% of the time. Symptom present 51-75% of the time. Symptom present 76-100% of the time. PHASIC EXACERBATION CLB9103 0 = Absent 2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

ave P 61APA 2.0.3		
efinitions and questions	Coding rules	Codes
EXAGGERATED STARTLE RESPONSE		
Increase in susceptibility to being startled by minor unexpected stimuli since "life event".	EXAGGERATED STARTLE RESPONSE 0 = Absent	CLC0I01 Intensity
INTERVIEWER SHOULD DEMONSTRATE STARTLE RESPONSE.	2 = Present, but not noticeable to others.3 = Present, noticeable to others.	
In the last 3 months have you startled more easily than before "life event"?		CLC0001 Onset
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?	AROUSAL 2 = Symptom present 0-25% of the time. 3 = Symptom present 26-50% of the time. 4 = Symptom present 51-75% of the time.	CL CO102
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?	5 = Symptom present 76-100% of the time. PHASIC EXACERBATION	<u>CLC0103</u>
	2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".	

NUMBING

DETACHMENT

A generalized subjective sense of being emotionally cut off from other people that has appeared since the occurrence of a "life event".

Since "life event" have you felt cut off from other people?

Have you been less interested in seeing your friends?

Have you actually seen less of your friends? Can you tell me why? Would you like to see more of them? Or have you decided not to see them anymore? When did you start feeling "cut off" from others?

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?

Do you have any feelings left? Can you feel happy or good feelings?

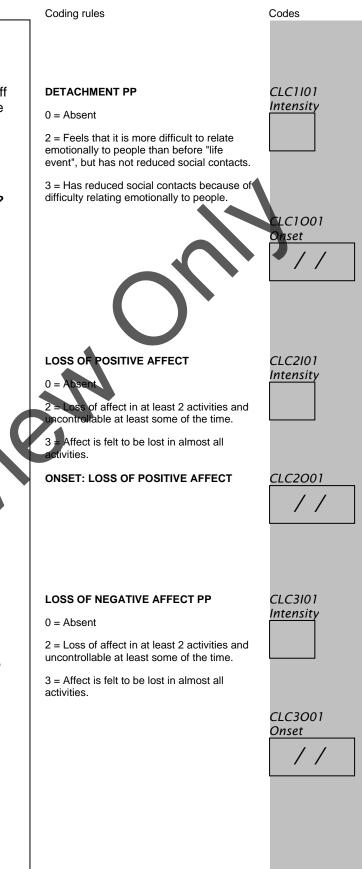
When did you start feeling like you couldn't have good of happy feelings?

LOSS OF NEGATIVE AFFECT

Complaint of loss of a previously existing ability to feel or experience emotion. Code loss of positive and negative affect separately.

Since "life event" has it seemed like you've lost some of your unhappy or negative feelings?

When did that start?



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".

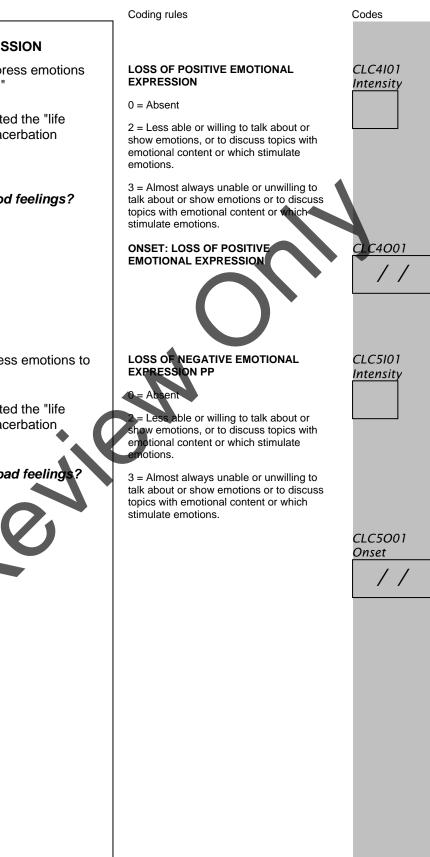
When did that start? Is it harder for you to show happy or good feelings?

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 you to show unhappy or bad feelings



Definitions and questions Coding rules Codes **OTHER BEHAVIORS** PLAY RECAPITULATING "LIFE EVENT" Play involving activities that recapitulate all or some PLAY RECAPITULATING "LIFE EVENT" CLC6101 aspects of "life event" (e.g. preoccupation with crashing Intensity 0 = Absent cars after being in a car accident, or behaviors that mimic "life event"). 2 = Present to an extent greater than before the event. Has the way you entertain yourself changed at all since 3 = Actions recapitulating life event has become the most frequent or dominant "life event"? subject of activity. In what way? LC6001 In the last 3 months have you done things that are like iset "life event"? Or acted out what happened? What do you do? When did you start doing things like that? DANGEROUS ACTIVITIES IN PP Increased activities that physically endanger the subject or GEROUS ACTIVITIES PP CLC7101 others since "life event". Intensity Since "life event", have you taken chances and done risky things? CLC7001 Onset Or dangerous things? 11 What have you done in the last 3 months? Is this more than before "life event" When did that start?

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? When did that start?

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? When did that start?

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 observand including obsessional rituals and compulsive behaviours. **DECREASED ATTENTION TO RELIGION** CLC9101 Intensity Subjective report of decreased interest or mental attention to, religious matters. include decreased level of reading religious works here.

> 3 = Decrease in level of religious observances, including prayer.

> > CLC9001 Onset



Codes

CLC8101

Intensity

INCREASED ATTENTION TO RELIGION PP

Coding rules





/ /

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? When did you first have these beliefs?

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.

Did/Do you feel guilty about what happened during "life event"?

Did 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"? When did you start feeling like that?

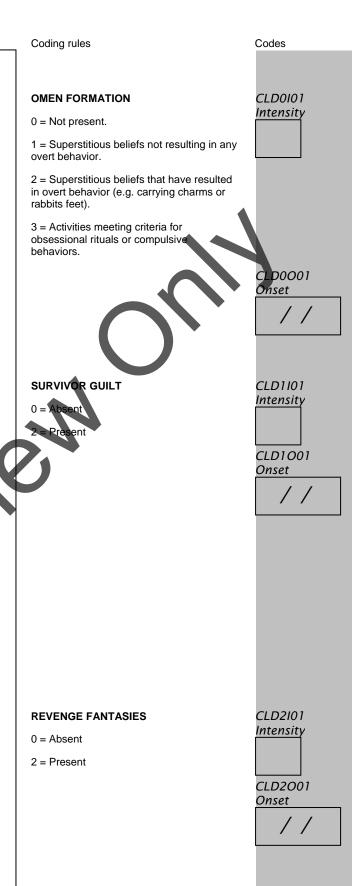
REVENGE FANTASIES AFTER EVENT

In the last 3 months subject imagined doing something to punish the "cause" of the trauma.

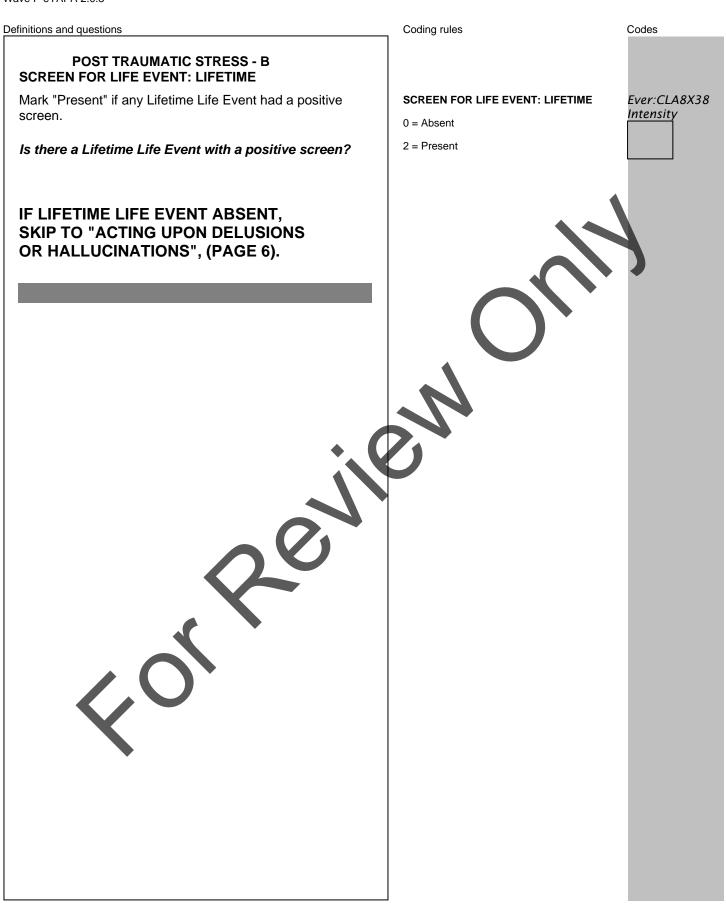
When did you start to feel that way? Do you still wish that you could get revenge or punish "the cause of the trauma"?

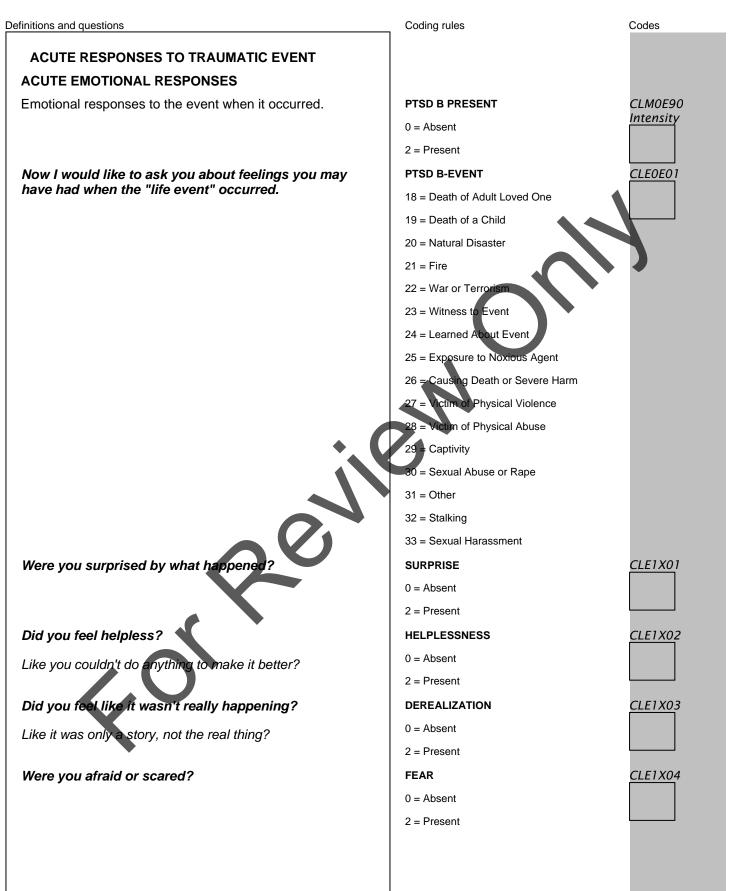
Or that something would happen to get back at "the cause"?

What do you wish would happen?

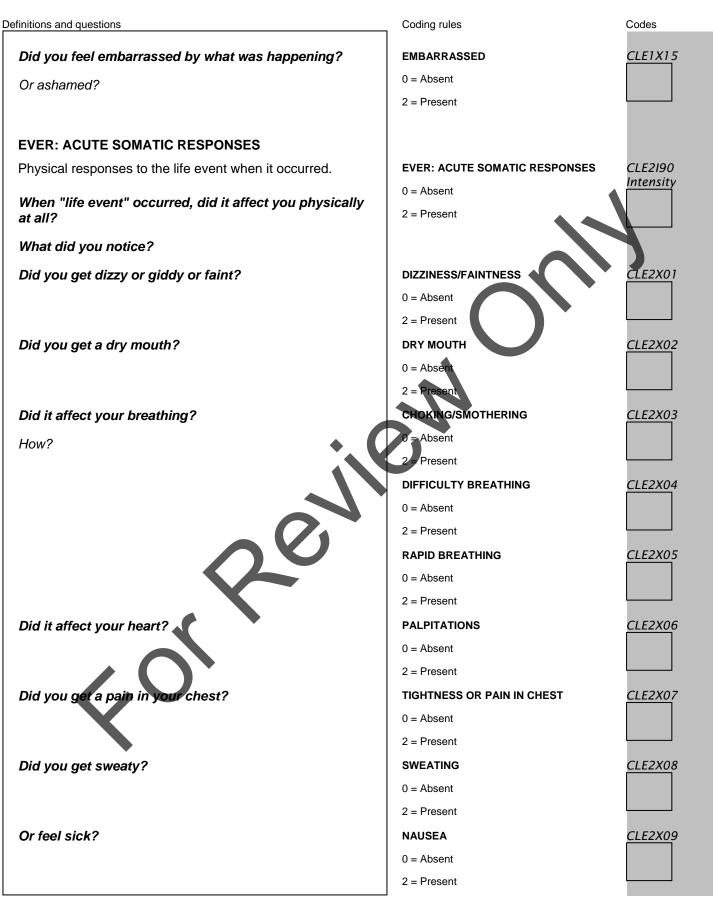


Definitions and questions Coding rules Codes CHANGED EXPECTATION OF LONG-TERM FUTURE Marked change in the subject's expectations of the future, CHANGED EXPECTATIONS OF LONG-CLD3101 **TERM FUTURE PP** involving the expectation that some or all adult roles will Intensity NOT be attained. Code regardless of justification, except in 0 = Absent the case of subjects with a current life-threatening illness. 2 = Expects to reach adulthood, but predicts poor attainment of adult roles (e.g. Has "life event" changed what you think the future will does not expect to get married, get a job, or be like? have children); or expects to reach adulthood but is not certain about it. In what way? 3 = Does not expect to survive to Has it changed what you think about getting married? adulthood. D3001 Or having children? Önset In what way? | | Has it changed your thinking about how long you will live? How long do you think you will live?

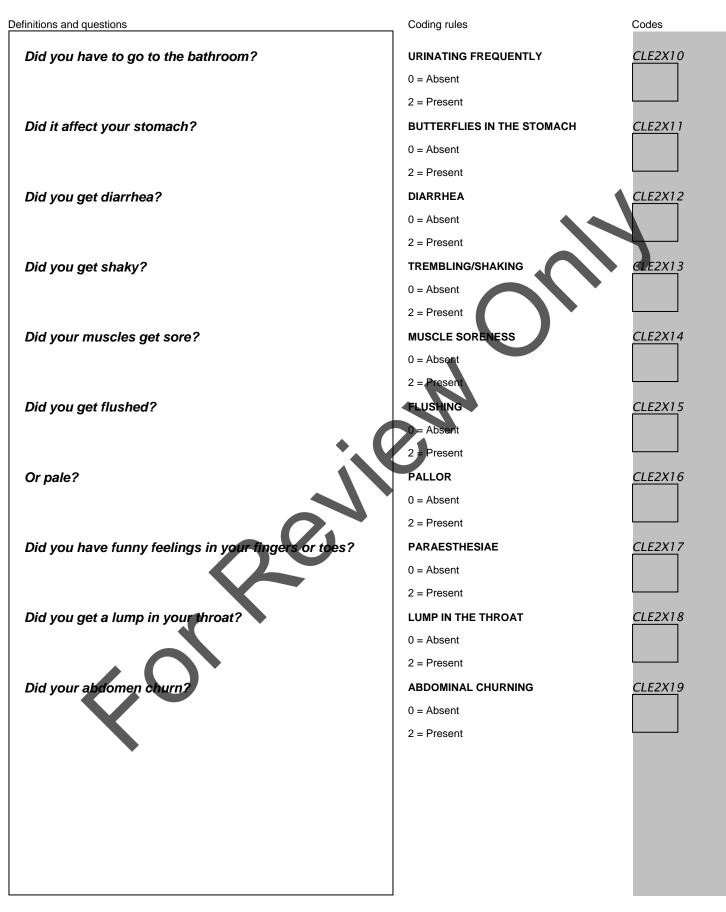




efinitions and questions	Coding rules	Codes
Were you worried that you weren't safe?	WORRY	<u>CLE1X05</u>
Or that you might die?	0 = Absent	
	2 = Present	
Did you get angry?	ANGER	<u>CLE1X06</u>
	0 = Absent	
	2 = Present	
Were you horrified?	HORROR	XYZ4180
	0 = Absent	
	2 = Present	
Did you feel nothing at all?	EMOTIONAL NUMBNESS	CLE1X07
Like you couldn't feel anything?	0 = Absent	•
Or didn't want to feel anything?	2 = Present	
Were you grossed out or disgusted by what happened?	DISGUST/REVULSION	CLE1X08
	0 = Absent	
	2 = Present	
Did you feel out of control?	OUT OF CONTROL	CLE1X09
That you might not be able to control your feelings?	0 = Absent	
	2 = Present	
Did you feel sad?	SAD	CLE1X10
	0 = Absent	
	2 = Present	
Did you feel confused?	CONFUSED	CLEIXII
Like you couldn't understand what was happening?	0 = Absent	
Like it didn't make any sense?	2 = Present	
Did you feel out of touch with yourself?	DETACHED	CLE1X12
Or cut off from yourself?	0 = Absent	
As if you were in a dream?	2 = Present	
Or as if "event" wasn't happening?		
Did you feel guilty?	GUILTY	CLE1X13
Like it was your fault?	0 = Absent	
	2 = Present	
Did you feel like someone you trusted had tricked you?	BETRAYED	CLE1X14
	0 = Absent	
	2 = Present	
]	



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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: RESCUE FANTASIES DURING EVENT

During the event, subject imagines being rescued.

During "life event" did you imagine or wish that "person at risk" would be rescued?

What did you imagine? What happened?

EVER: REVENGE FANTASIES

During the event, subject imagines something that punishes the "cause" of the trauma.

During "life event", did you imagine or wish that you could get revenge or punish "the cause of the trauma"?

What did you imagine? What happened? Coding rules Codes **EVER: INTERVENTION FANTASIES** CLE3X01 Intensity 0 = Absent 2 = Present during event and realized. 3 = Present during event but unrealized. EVER: RESCUE FANTASIE TF3X02 Intensitv 0 = Absent 2 = Present during event and realized. 3 = Present during event but unrealized. **/ER: REVENGE FANTASIES** CLE3X03 Intensity n Absent 2 = Present during event and realized.

3 = Present during event but unrealized.

COGNITIVE INTRUSIONS

EXTERNALLY CUED PAINFUL RECALL

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.

ASK AVOIDANCE AND SUPRESSION QUESTIONS IF NO EXTERNALLY CUED PAINFUL RECALL PRESENT.

In the last three months have upsetting memories or pictures in your mind or "life event" come back to you?

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"? Has that happened in the last 3 months? How many times? How long does it last? Can you stop yourself from thinking about it? Or does it stay on your mind during those times? When did you start having thoughts like that?

Do you try to avoid any things or places that might remind you of "life event"?

When did you start trying to avoid things or places that remind you of "life event"?

Do you notice any physical effects when you remember "life event"?

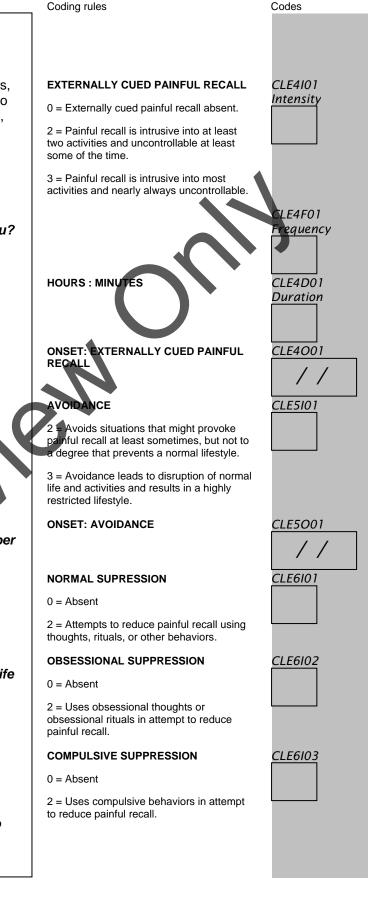
Like your heart racing? Or being short of breath? Or feeling shaky or sick to your stomach? What do you notice? Do you get panicky?

Do other people notice when you are remembering "life event"?

What would they see? When you remember event, what do you do to feel better?

Do you try to think of other things or do things you like to take your mind off it?

Do you talk to someone and ask them to help you? Do you have a routine of things you can think about or do to feel better?



Definitions and questions Coding rules Codes AUTONOMIC EFFECTS CLE7101 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 CLE7102 OTHERS 0 = No 2 = Subject reports others notice change (anxiety, daydreaming, etc.). j

EVER: 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 did that start?

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	Codes
	EVER: PAINFUL RECALL NOT EXTERNALLY CUED	CLE8I01 Intensity
	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.	
		CLE8F01 Frequency
	HOURS : MINUTES	CLE8D01 Duration
	N	CLE8O01 Onset
	NORMAL SUPRESSION	CLE9I01
K	0 = Absent	
	2 = Attempts to reduce painful recall using thoughts, rituals, or other behaviors.	
	OBSESSIONAL SUPPRESSION	CLE9102
	0 = Absent	
	2 = Uses obsessional thoughts or obsessional rituals in attempt to reduce painful recall.	
	COMPULSIVE SUPPRESSION	<u>CLE9103</u>
	0 = Absent	
	2 = Uses compulsive behaviors in attempt to reduce painful recall.	
	PAINFUL RECALL NOTICABLE TO OTHERS	CLF0I01
	0 = No	
	2 = Subject reports others notice changes (anxiety, daydreaming, etc.).	
	AUTONOMIC EFFECTS	CLF0102
	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	

Wave P eYAPA 2.0.3

Definitions and questions Coding rules Codes recall. **EVER: ACTIVE RECALL** EVER: ACTIVE RECALL CLF1101 Intentional recall of event. Intensity 0 = Absent Do you ever think about "life event" on purpose? 2 = Present Have you in the last three months? CLF1F01 When you do so, how do you feel? Frequency Are the feelings painful for you? Do you get worried? Or sad? F1D01 **HOURS : MINUTES** Or angry? CDuration Or feel guilty? Do you feel better able to cope with what happened? How many times have you done that in the last 3 months? CLF1001 Onset How long do you think about it? | | When did you start intentionally think about it? CLF2101 Present ADNESS CLF2102 0 = Absent 2 = Present ANGER CLF2103 0 = Absent 2 = Present GUILT CLF2104 0 = Absent 2 = Present SENSE OF MASTERY CLF2105 0 = Absent 2 = Present

FAILURES OF RECALL

Inability to recall important aspects of the "life event", such as the names and faces of participants, or parts of the chronology of the event.

Do not include deliberate attempts not to recall the event.

Do you have difficulty remembering some things about "life event"?

What things are hard to remember? Is that because you don't want to remember them, or that you just can't? How much can you remember? Are those memories real clear? Has it happened in the last three months?

When did you start having trouble recalling things about "life event"?

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

CLF2106

Intensity

Post	Traumatic	Stress	- Section	в
1 000	riadinado	011000	000000	-

Definitions and questions Coding rules Codes **RELIVING OF LIFE EVENT RELIVING OF "LIFE EVENT"** CLF3101 Behaving or feeling as though the "life event" were recurring. The experience may involve a sense of reliving Intensity 0 = Absent the event, illusory or hallucinatory phenomena, or "flashbacks". Flashbacks involve hallucinatory phenomena 2 = Able to report sensory phenomena associated with "life event", but still aware of sufficient intensity to impair perception of the real world of real surroundings to at least some extent. to a substantial degree. 3 = No, or almost no, awareness of real surroundings (flashback). Include panic attacks where the mental content of the panic episode is related to the "life event". CLF3F01 requency Include such phenomena even if they occurred at times of intoxication with alcohol or drugs or during sleep cycle. HOURS : MINUTES ČLF3D01 CODE NIGHTMARES IN ITEMS THAT FOLLOW. Duration In the last 3 months, have you felt as though the "life event" was happening to you again, even when it CLE3001 wasn't? Onset What was that like? / / What did you do? How long did it last? ATED PANIC CLF3102 How often did it happen? No associated panic attacks. How real did it seem? Did you feel as though you were really there, and that it 2 With panic attacks. was really happening again? HYPNOGOGIC (ON FALLING ASLEEP) CLF3103 When it was happening were you aware of what was really going on around you and where you really were? 0 = AbsentDid the memory of "life event" seem more real than your 2 = Present actual surroundings? Did this happen when you were falling asleep? **HYPNOPOMPIC (ON WAKING)** CLF3104 Or waking up? 0 = Absent Do you ever wake up in the middle of the night feeling this wav? 2 = Present NOCTURNAL CLF3105 When did that start? 0 = Absent 2 = PresentDAYLIGHT (WHEN UP AND ABOUT) CLF3106 0 = Absent 2 = Present

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.

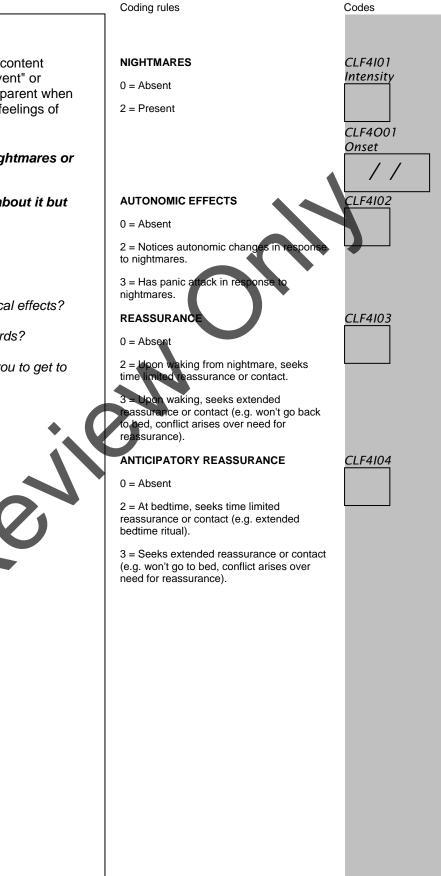
In the last 3 months, have you had any nightmares or bad dreams about "life event"?

Or nightmares or bad dreams that aren't about it but remind you of it?

Tell me about them. **Do they wake you up?**

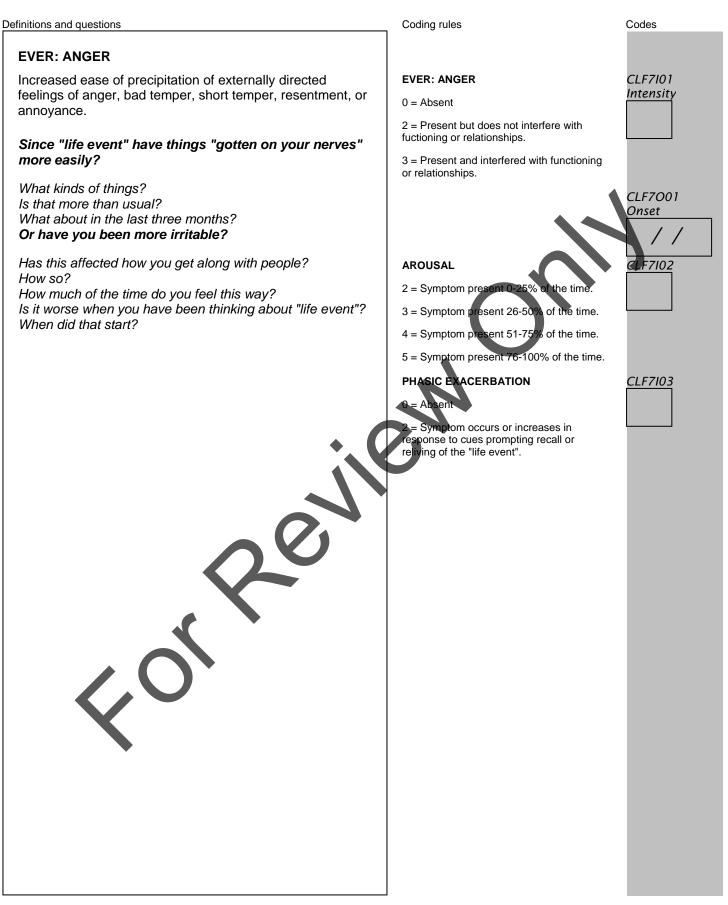
How often do they happen? When you wake up, do you notice any physical effects? When you wake up are you panicky? Is it hard for you to get back to sleep afterwards? What do you do? Does fear of these dreams make it hard for you to get to sleep? Do you have trouble sleeping alone?

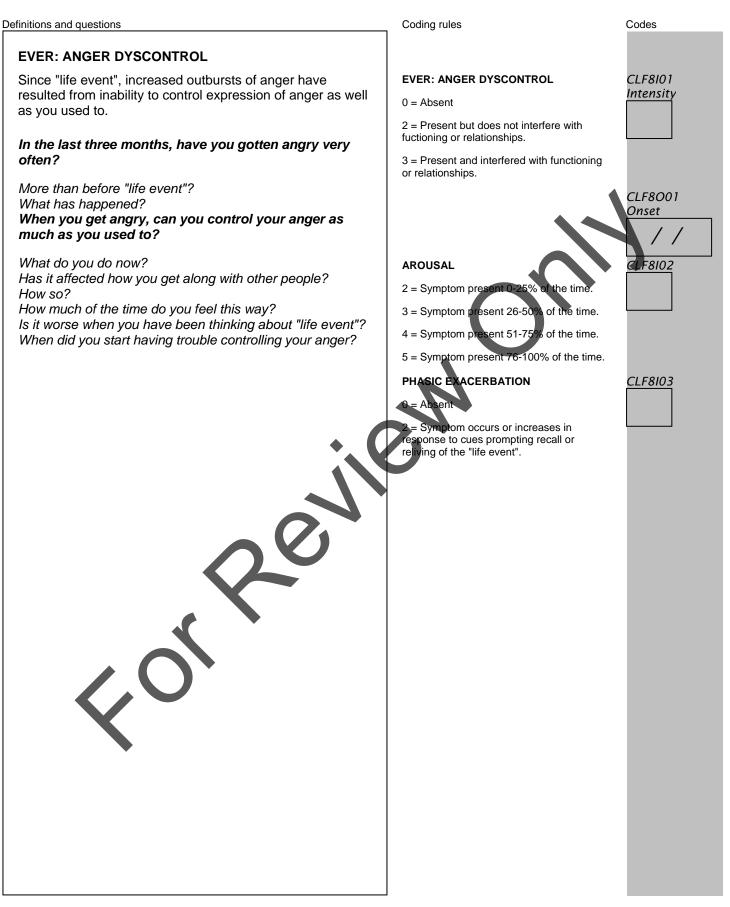
When did you start having these dreams?



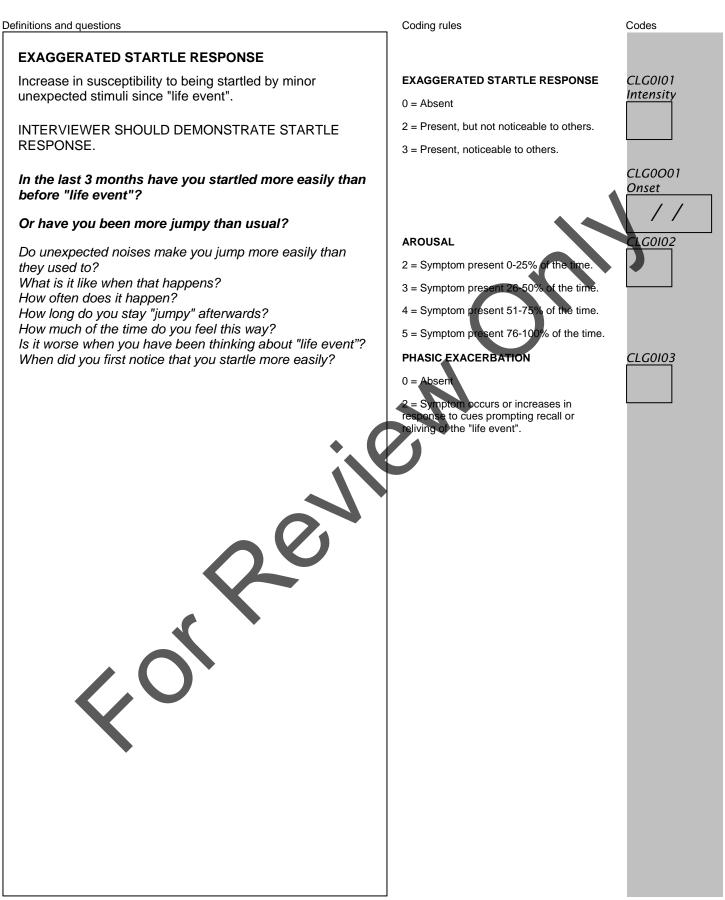
Definitions and questions Coding rules Codes **HYPERAROUSAL EVER: NON-RESTORATIVE SLEEP** Disturbance of usual sleep pattern since "life event" so that **EVER: NON-RESTORATIVE SLEEP** CLF5101 Intensity subject does not feel rested upon waking and feels tired 0 = Absent during the day. Do not include insomnia; sleep is normal but subject feels sleepy during the day. 2 = Present but does not interfere with functioning. DO NOT INCLUDE INSOMNIA 3 = Present and interfered with functioning. CLF5001 Have you been having problems sleeping well in the Onset last three months? Do you feel rested when you wake up in the morning? CLF5F01 Has that changed since "life event"? Frequency 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? AROUSAL CLF5102 Is it worse when you have been thinking about "life event"? 2 = Symptom present 0-25% of the time. When did that start? Symptom present 26-50% of the time. 3 = Symptom present 51-75% of the time. Symptom present 76-100% of the time. PHASIC EXACERBATION CLF5103 0 = Absent 2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".

Definitions and questions Coding rules Codes **EVER: INATTENTION** Difficulty maintaining sufficient involvement to allow **EVER: INATTENTION** CLF6101 completion of age-appropriate and developmentally Intensity 0 = Inattention absent. appropriate tasks requiring concentration. 2 = Present but does not interfere with functioning. In the last three months, have you had more trouble paying attention than before "life event"? 3 = Present and interfered with functioning. CLF6001 Is it more difficult for you to concentrate? Onset Do you have trouble remembering things? Has this caused you any problems? How much of the time do you feel this way? F6102 AROUSAL С Is it worse when you have been thinking about "life event"? 2 = Symptom present 0-25% f the t When did that start? 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 CLF6103 2 - Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".





Definitions and questions Codes Coding rules **HYPERVIGILANCE** HYPERVIGILANCE CLF9101 Increased general level of awareness and alertness towards surroundings in the absence of imminent danger. Intensity 0 = Absent 1 = Subjective hypervigilance not In the last 3 months, have you been more "on the alert" manifested in any overt behavioral change. for bad things happening than before "life event"? 2 = Behavioral manifestations of What do you do? hypervigilance (e.g. taking care over seating or scanning environment for Are you like that even when there isn't much chance of danger) but they do not limit activities to anything bad happening? any major extent. How much has that affected your life? 3 = Behavioral manifestations of How much of the time are you like that? hypervigilance that preclude the Have you given up doing any things because you don't performance of many or most no want to take any chances? activities. Is it worse when you have been thinking about "life event"? CLF9001 When did you start being more "on the alert"? Onset | | CLF9102 AROUSA Symptom present 0-25% of the time. Symptom present 26-50% of the time. Symptom present 51-75% of the time. Symptom present 76-100% of the time. PHASIC EXACERBATION CLF9103 0 = Absent 2 = Symptom occurs or increases in response to cues prompting recall or reliving of the "life event".



NUMBING

EVER: 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 decided not to be around them?

When did you start to feel "cut off" from other people?

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?

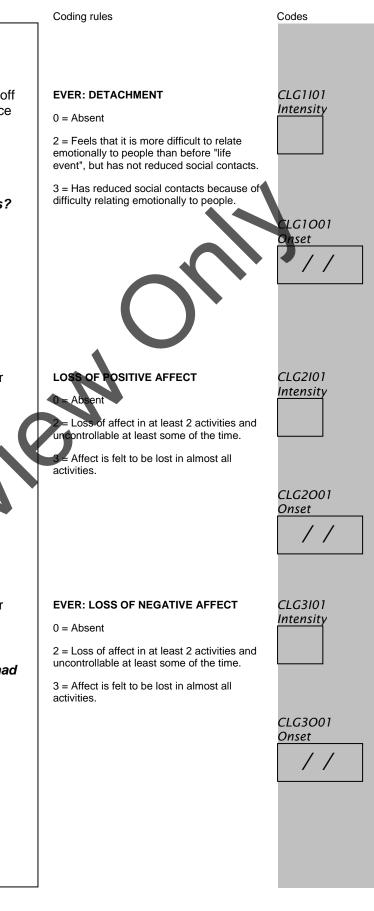
Do you have any feelings left? Can you feel happy or good feelings? When did that start?

EVER: LOSS OF NEGATIVE AFF

Complaint of loss of a previously existing ability to feel or experience emotion. Code loss of positive and negative affect separately.

Since the "life event" has it seemed as though you had lost some of your unhappy or negative feelings?

When did that start?



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?

When did that start?

EVER: 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 you to show unhappy or bad feelings

When did that start?

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. **S OF NEGATIVE EMOTIONAL FV** EXP ess able or willing to talk about or ow emotions, or to discuss topics with sh motional 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.



AL CLG5101 Intensity

CLG5O01 Onset



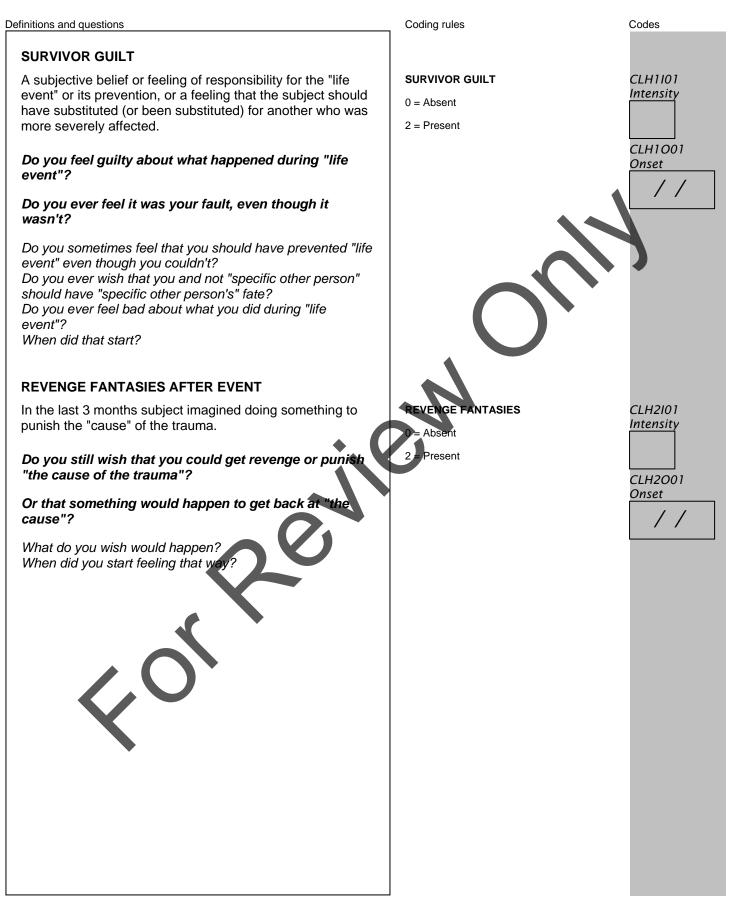
Codes

CLG4101

Intensity

Wave P eYAPA 2.0.3 Definitions and questions Coding rules Codes **OTHER BEHAVIORS ACTIONS RECAPITULATING LIFE EVENT** PLAY RECAPITULATING "LIFE EVENT" CLG6101 Activity that recapitulates all or some aspects of "life event" (e.g. preoccupation with crashing cars after being in a car Intensity 0 = Absentaccident). 2 = Present to an extent greater than before the event. Has the way you entertain yourself changed at all since "life event"? 3 = Actions recapitulating life event has become the most frequent or dominant subject of activity. In what way? In the last three months have you done things that are LG6001 like "life event"? iset Or acted out what happened? What do you do? When did you start doing things like that? EVER: DANGEROUS ACTIVITIES GEROUS ACTIVITIES Increased activities that physically endanger the subject or CLG7101 others since "life event". Intensity Since "life event", have you taken chances and done risky things? CLG7001 Onset Or dangerous things? What have you done in the last 3 months? Is this more than before "life event"? When did you start doing things like that? **EVER: INCREASED ATTENTION TO RELIGION** Increased interest in or observance of religious ideas and **EVER: INCREASED ATTENTION TO** CLG8101 RELIGION Intensity practices since "life event", 0 = Absent Have you become more religious since "life event"? 1 = Subjective report of greater interest in, or mental attention to, religious matters. Do you think more about God? Include increased level of reading religious works here. Or the Devil? 2 = Increase in level of religious observances, including normal prayer. Do you go to "church" more often? Do you read "scripture" more often? 3 = Increase in religious observances Or pray more often? including obsessional rituals and compulsive behaviours. When did that start? CLG8001 Onset

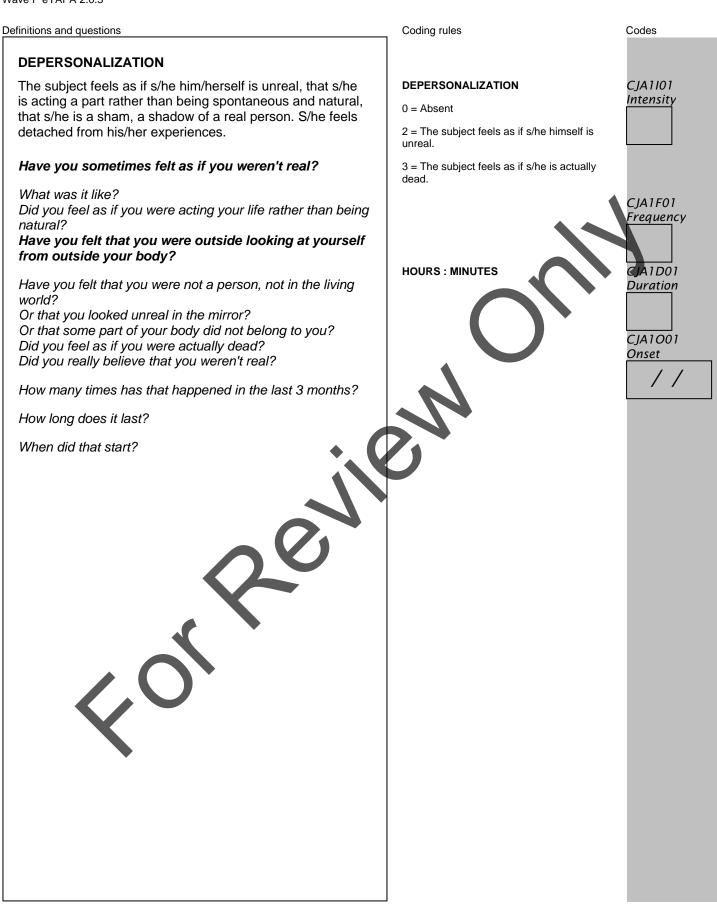
Definitions and questions Codes Coding rules **EVER: DECREASED ATTENTION TO RELIGION EVER: DECREASED ATTENTION TO** CLG9101 Decreased interest in or observance of religious ideas and RELIGION practices since "life event". Intensity 0 = Absent Do you have less interest in religion since "life event"? 2 = Subjective report of decreased interest in, or mental attention to, religious matters. Do you care less about God? Include decreased level of reading religious Or the Devil? works here. Do you go to "church" less frequently? 3 = Decrease in level of religious Do you read "scripture" less? observances, including prayer. Or pray less? When did that start? LG9001 set **OMEN FORMATION** OMEN FORMA Following the "life event", subject has developed CLH0101 superstitious beliefs or practices to mitigate or prevent Intensity 0 = Not present. recurrences of the event or other possible or imagined "life 1 = Superstitious beliefs not resulting in any events". overt Are you superstitious about things? stitious beliefs that have resulted overt behavior (e.g. carrying charms or Are there signs that mean bad things will happen? rabbits feet). 3 = Activities meeting criteria for Or signs that make you think that you'll be OK? obsessional rituals or compulsive behaviors. What are they? CLH0001 Do you think that these signs are really true? Onset are they new? Did you believe in them before "life event" or When did you start having beliefs like that? | |



Definitions and questions Coding rules Codes **EVER: CHANGED EXPECTATION OF LONG-TERM FUTURE** Marked change in the subject's expectations of the future, **EVER: CHANGED EXPECTATIONS OF** CLH3101 LONG-TERM FUTURE involving the expectation that some or all adult roles will Intensity NOT be attained. Code regardless of justification, except in 0 = Absent the case of subjects with a current life-threatening illness. 2 = Expects to reach adulthood, but predicts poor attainment of adult roles (e.g. Has "life event" changed what you think the future will does not expect to get married, get a job, or be like? have children); or expects to reach adulthood but is not certain about it. In what way? 3 = Does not expect to survive to Has it changed what you think about getting married? adulthood. H3O01 Or having children? Önset In what way? | | Has it changed what you think about how long you will live? How long do you think you will live?

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Wave P eYAPA 2.0.3
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Definitions and questions Coding rules Codes **PSYCHOSIS** DEREALIZATION The subject experiences his/her surroundings as unreal. A DEREALIZATION CJA0101 classroom or a bus or a street seems like a stage set with Intensity 0 = Absent actors, rather than real people going about their ordinary business. Everything may seem colorless, artificial, or 2 = The subject simply experiences a lack of color and life, so that any tendency dead. towards the artificial tends to be exaggerated. DO NOT CODE SYMPTOMS INDUCED SOLELY BY USE 3 = The subject feels as though the world is OF DRUGS OR ALCOHOL. made of plastic, as though it is not really there at all. Have you felt that things around you didn't seem real? A0F01 C. Fi equency Or it was like a stage set with people acting like robots instead of being themselves? What was it like? **HOURS : MINUTES** CJA0D01 Did you really believe that the world was not real? Duration How do you explain it? Has that happened in the last 3 months? CJA0001 How many times? Onset How long does it last when you feel like that? | | When did that start?



Definitions and questions Codes Coding rules **CHANGED PERCEPTION/CHANGED PERCEPTION OF TIME/HALLUCINATIONS** DO NOT INCLUDE SYMPTOMS INDUCED SOLELY BY CHANGED PERCEPTION/CHANGED CJA2101 PERCEPTION OF USE OF DRUGS OR ALCOHOL. Intensity TIME/HALLUCINATIONS Changed Perception: Include here any changes in 0 = Noperception such as heightened or dulled perception. The 2 = Yessubject may complain that objects change in shape or size or color or that people change their appearance. CIA2F01 Frequency 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 A2D01 **HOURS : MINUTES** Ccompletely timeless. Time may appear to stop altogether. Duration Hallucinations: Hallucinations are false perceptions occurring in clear consciousness. The subject may see CJA2001 images, visions, or hear voices in the absence of any real Onset stimulus to the perception. | | ALWAYS WRITE DOWN AN EXAMPLE OF ANY SYMPTOMS ELICTED. 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? Tell me about that. Do you ever get the feeling that something odd 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? How many times has that happened in the last 3 months? How long does it last? When did you start having experiences like this?

PSYCHOTIC ABNORMALITIES OF THOUGHT AND SPEECH

WRITE DOWN EXAMPLES OF ANY SYMPTOMS ELICTED.

Subject's 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 subject'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 subject'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?

When did that start?

	Coding rules
OF THOUGHT	
ANY SYMPTOMS	PSYCHOTIC ABNORMALITIES OF THOUGHT AND SPEECH
as become disordered. v or completely d together in unusual ways buns, as in flight of ideas) ehensible links (as in	0 = No 2 = Yes
ent or speech; it is quite be entirely delusional but xpressing thoughts to be	
l disorders of speech and ay and dysarthria) where . These disorders will nt and will not represent a 9.	N
pening to your thoughts? your thoughts?	
sm or telepathy affecting	

Codes

CJA3101

Intensity

CJA3001

Onset

Definitions and questions Coding rules Codes DELUSIONS AND DELUSIONAL **INTERPRETATIONS** A delusion is a firmly-held false belief that is out of keeping DELUSIONS AND DELUSIONAL CJA4101 **INTERPRETATIONS** with the subject's social and cultural background. Intensity 0 = NoA delusional interpretation also has these characteristics, 2 = Yesbut is an explanation of some other experience (often of other "psychotic" experiences, such as hallucinations) e.g. CJA4001 a subject might interpret hearing voices talking about him Onset as evidence of a police conspiracy. The conspiracy would be a delusional interpretation. Do you know any things to be true that other people don't believe? Is ther 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? When did that start? IF THERE IS ANY EVIDENCE OF SENSORY CHANGES AND HALLUCINATIONS OR DELUSIONS AND DELUSIONAL INTERPRETATIONS COMPLETE GENERAL RATINGS OF **DELUSIONS AND HALLUCINATIONS** WRITE DOWN DETAILS VERBATIM IF THERE IS NO EVIDENCE OF ANY OF THESE SYMPTOMS, CONTINUE, OTHERWISE, SKIP TO "ALTERNATIVE PRACTITIONER/OTHER HEALER", (PAGE 14)

Definitions and questions Coding rules Codes **GENERAL RATINGS OF DELUSIONS AND** HALLUCINATIONS SYSTEMATIZATION OF DELUSIONS AND HALLUCINATIONS Does this thought or experience affect much of your daily SYSTEMATIZATION OF DELUSIONS CJA5101 AND HALLUNCINATIONS life? Intensity 0 = Absent 1 = 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 practic lly a experience in delusional term PREOCCUPATION WITH DELUSIONS AND HALLUCINATIONS PREOCCUPATION WITH DELUSIONS C JA6101 Intensity Absent At least sometimes uncontrollably preoccupied with delusions or hallucinations in at least 2 activities. 3 = Uncontrollably preoccupied with delusions or hallucinations in most activities. ACTING UPON DELUSIONS OR HALLUCINATIONS ACTING UPON DELUSIONS OR CJA7101 HALLUCINATIONS Intensity 0 = Absent 2 = The subject has acted upon the delusions of hallucinations during the past month 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 disturbance or a social crisis. 3 = As 2 but the acting out, or public expression, has resulted in severe social disturbance or social crisis, e.g. the subject has attacked a stranger at the command of a hallucinatory voice.

THEMATIC CONSISTENCY OF DELUSIONS OR HALLUCINATIONS WITH MOOD DISORDER

Extent to which contents of the delusions or hallucinations are consistent with either Elated or Depressed Mood.

TEMPORAL CO-OCCURRENCE OF DELUSIONS OR HALLUCINATIONS WITH MOOD DISORDER

Extent, onset and course of delusions or hallucinations are temporarily related to the onset and course of mood disorder.

When you were (in psychotic state), were you miserable of depressed?

Was your mood affected in any other way? Were you always like that when you were (in psychotic state)?

	Coding rules	Codes
DR		
ucinations lood.	THEMATIC CONSISTENCY OF DELUSIONS OR HALLUCINATIONS WITH MOOD DISORDER	CJA8I01 Intensity
	2 = Partially mood congruent.	
	3 = Almost always mood congruent.	
	ASSOCIATED MOOD: DEPRESSED	CJA8102
	0 = Absent	
	2 = Present	
	ASSOCIATED MOOD: ELATED	CJA8103
	0 = Absent	
	2 = Present	
NS ER		
nations are ood	TEMPORAL CO-OCCURANCE OF DELUSIONS OR HALLUCINATIONS WITH MOOD DISORDER	CJA9I01 Intensity
iserable or	 2 = Partial temporal co-occurence. 3 = Delusions/hallucinations only present in association with mood disorder. 	
ychotic	ASSOCIATED MOOD : DEPRESSED	CJA9102
	0 = Absent	
	2 = Present	
	ASSOCIATED MOOD: ELATED	CJA9103
	0 = Absent	
	2 = Present	

YOUNG ADULT 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.

INPATIENT SERVICES

Any services received in an inpatient setting (hospital, psychiatric hospital, residential treatment setting, jail or prison, etc.).

Have you ever received services in an inpatient setting, like a hospital?

Have you ever stayed overnight for any kind of treatment or mental health service?

Have you ever been in a detention center, jail, or prison?

OUTPATIENT SERVICES

Any services received in an outpatient treatment setting (mental health center, school, doctor's office, wor counselor's office, etc.)

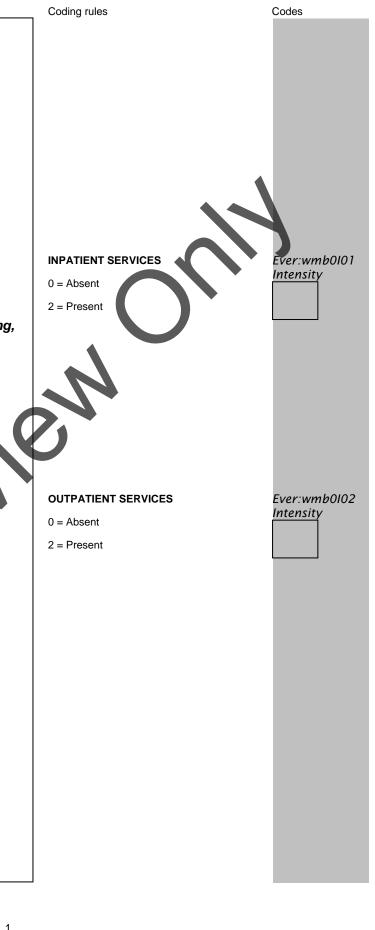
Have you ever received treatment in an outpatient setting, like from a Doctor or Psychiatrist?

How about from a counselor, either school, work or religious in nature?

Have you ever had a Probation Officer or Court Counselor?

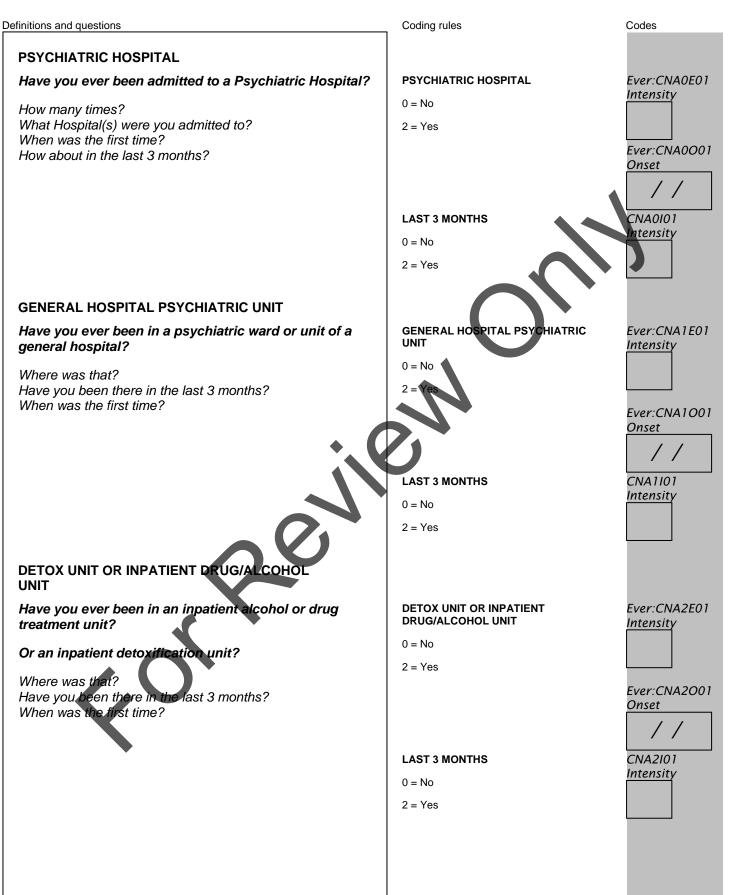
Have you ever sought help by talking with friends or family?

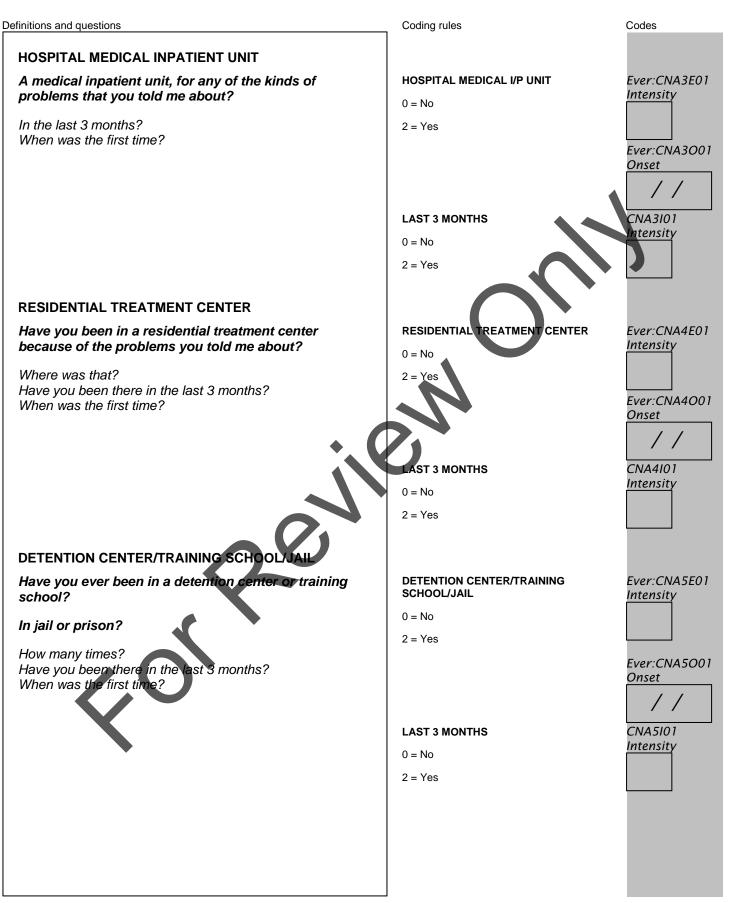
IF SERVICES NEVER USED, SKIP TO "STUDENT SERVICES AT COLLEGE", (PAGE 17).



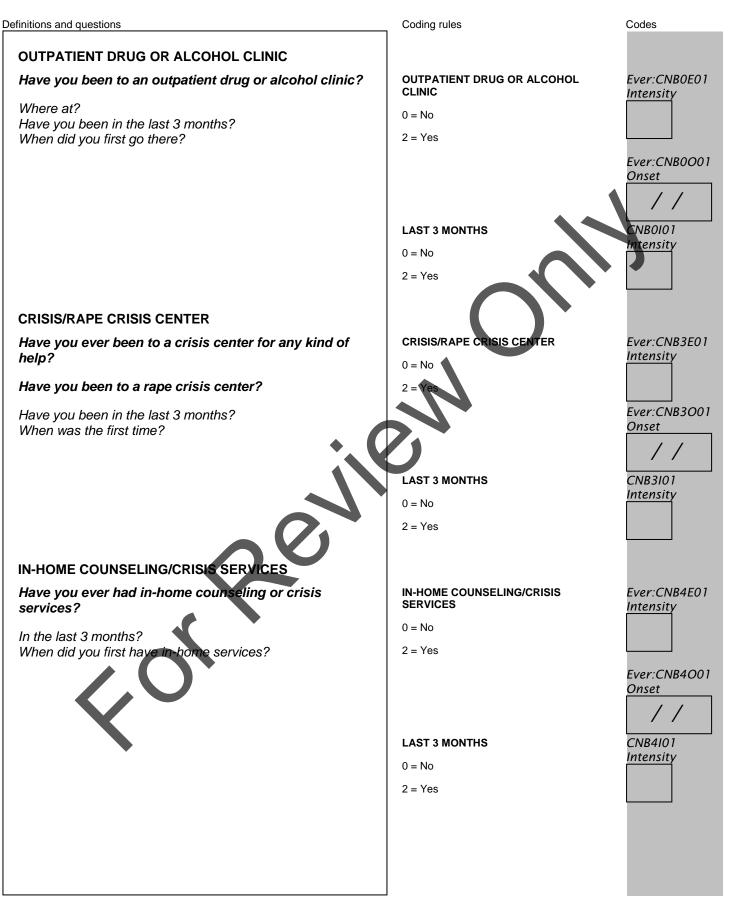
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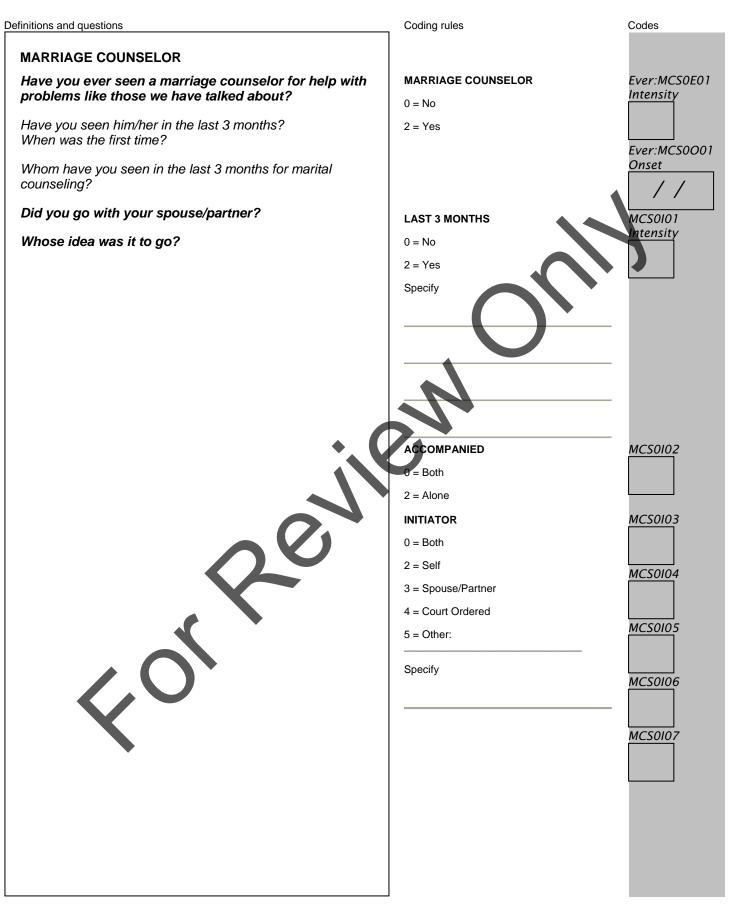


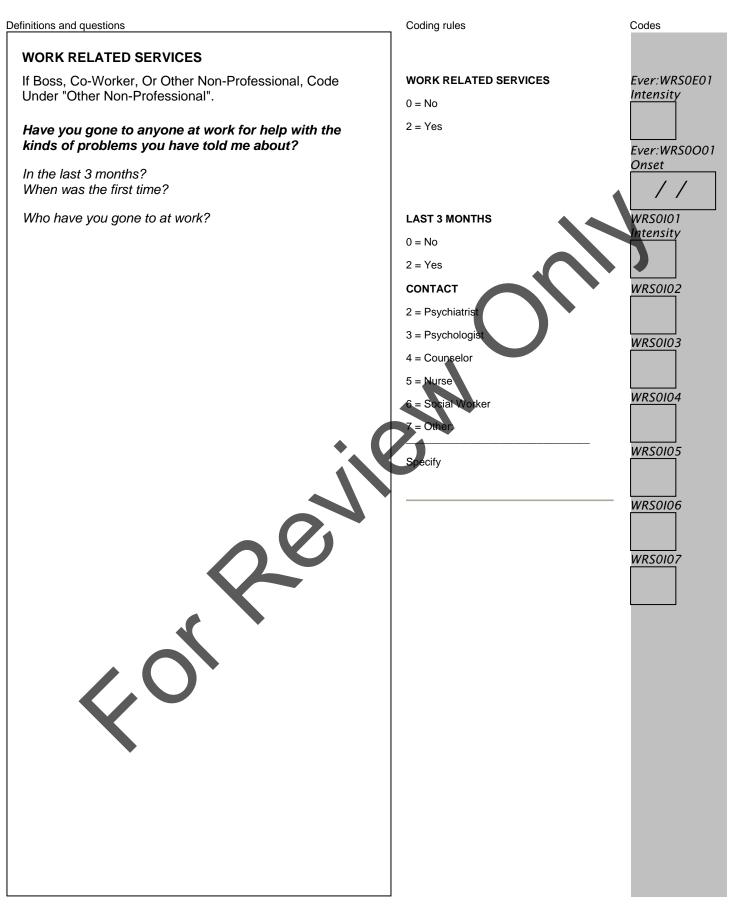
Definitions and questions	Coding rules	Codes
GROUP HOME/EMERGENCY SHELTER		
Have you ever been in a group home?	GROUP HOME/EMERGENCY SHELTER	Ever:CNA6E01
Or an emergency shelter?	0 = No	Intensity
Where was that? Have you been there in the last 3 months? When was the first time?	2 = Yes	Ever:CNA6O01 Onset
	LAST 3 MONTHS	<i>CNA6I01</i>
	0 = No 2 = Yes	Intensity
SHELTERED LIVING/HABILITATION/HALFWAY HOUSE		
Have you stayed in a sheltered living, habilitation setting or half-way house at all?	SHELTERED LIVING/HABILITATION/HALF-WAY HOUSE	Ever:SLH0E01 Intensity
Or a place that provided some assistance with needs or tasks of day-to-day living?	0 = No 2 = Yes	
Has that been in the last 3 months? When did you first stay there?	S.	Ever:SLH0O01 Onset
	LAST 3 MONTHS	SLH0I01 Intensity
20	0 = No 2 = Yes	
DAY HOSPITAL/PARTIAL HOSPITALIZATION		
Have you been to a day hospital?	DAY HOSPITAL/PARTIAL HOSPITALIZATION	Ever:CNA9E01 Intensity
Or a partial day program at a hospital?	0 = No	
Has that been in the last 3 months?	2 = Yes	
When was the first time?		Ever:CNA9001 Onset
	LAST 3 MONTHS	CNA9101
	0 = No	Intensity
	2 = Yes	

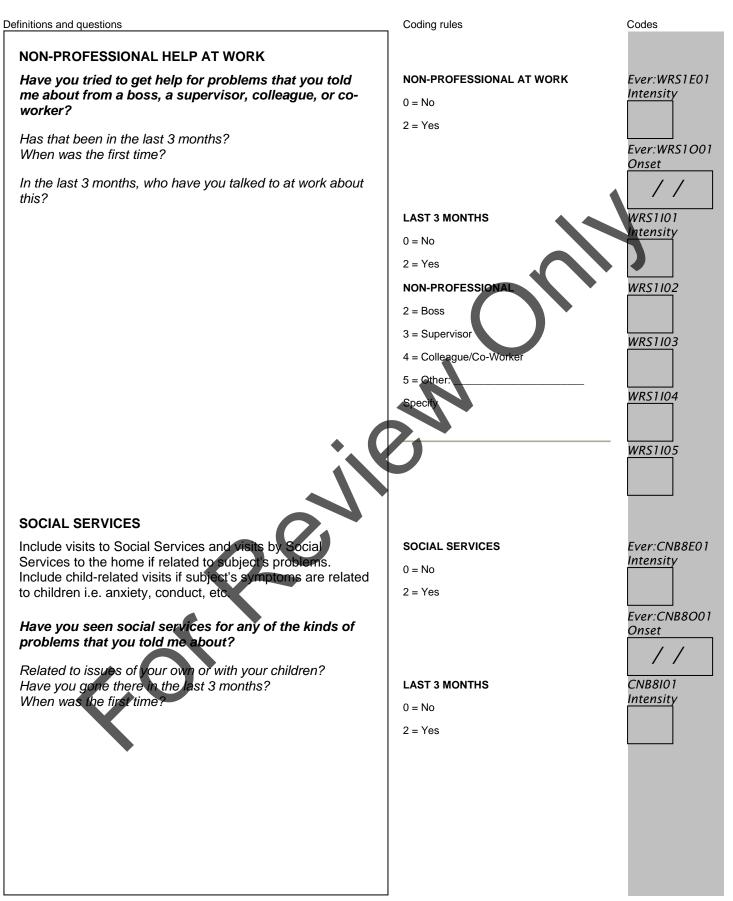


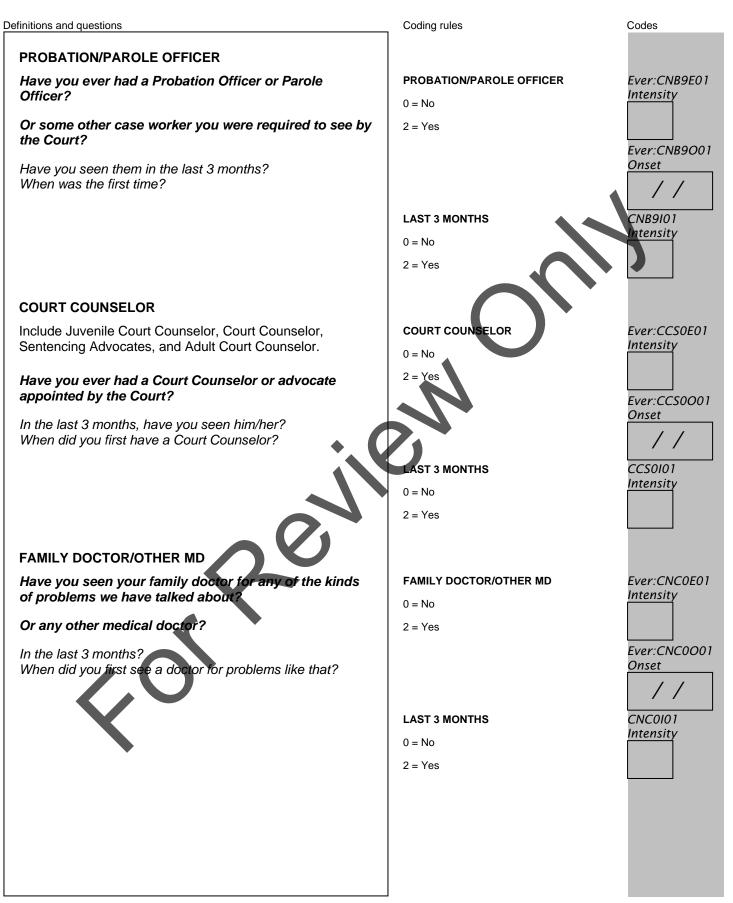
Definitions and questions	Coding rules	Codes
PRIVATE PROFESSIONAL TREATMENT		
Have you been to a private professional for help with any problems?	PRIVATE PROFESSIONAL TREATMENT 0 = No	Ever:CNB5E01 Intensity
Like a psychiatrist or psychologist?	2 = Yes	
Or a social worker or a psychiatric nurse?		Ever:CNB5O01 Onset
Or some other professional at a mental health center?		
Or some other professional at a mental health center? Have you seen them in the last 3 months? When was the first time?	LAST 3 MONTHS 0 = No 2 = Yes	CNB 5101 ntensity

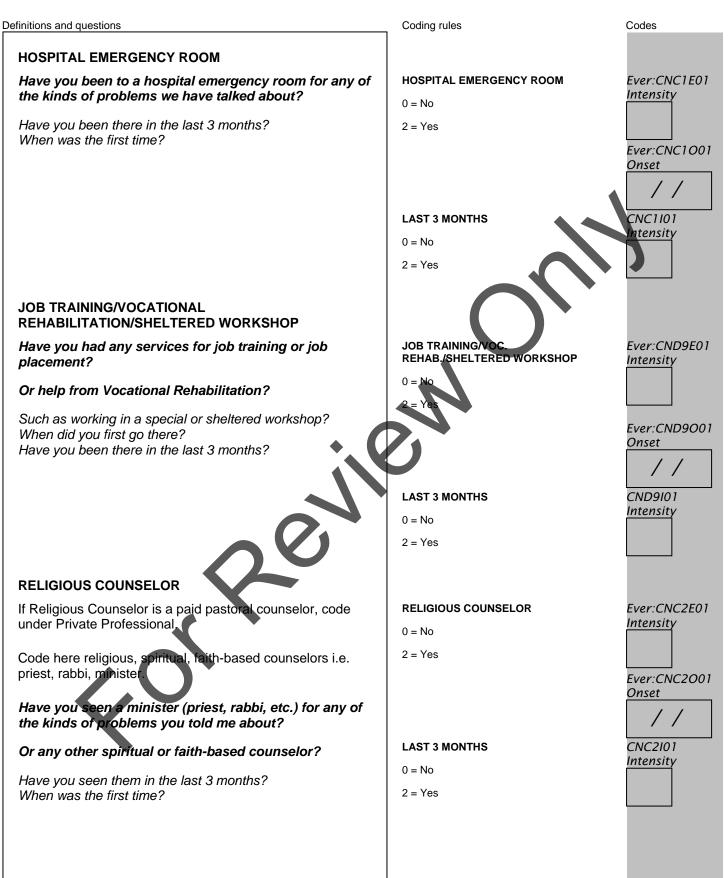
Definitions and questions	Coding rules	Codes
OTHER PROFESSIONAL HELP COLLEGE-BASED PROFESSIONAL		
Have you seen a counselor at college for help with the problems we have talked about?	COLLEGE BASED PROFESSIONAL 0 = No	Ever:CBP0E01 Intensity
Or a psychologist at college?	2 = Yes	
A social worker, therapist, or case worker at college?		Ever:CBP0001 Onset
Have you seen them in the last 3 months? When was the first time?		///
Whom did you see in the last 3 months? (If subject received help in college setting)	LAST 3 MONTHS 0 = No 2 = Yes Specify	CBPOIO1 Intensity
PROFESSOR/INSTRUCTOR Have you gone to your professor or instructor for help with the kinds of problems we've talked about? In the last 3 months? When was the first time?	PROFESSOR/INSTRUCTOR 0 = No 2 = Yes	Ever:CND7E01 Intensity Ever:CND7O01 Onset
	LAST 3 MONTHS 0 = No 2 = Yes	CND7I01 Intensity



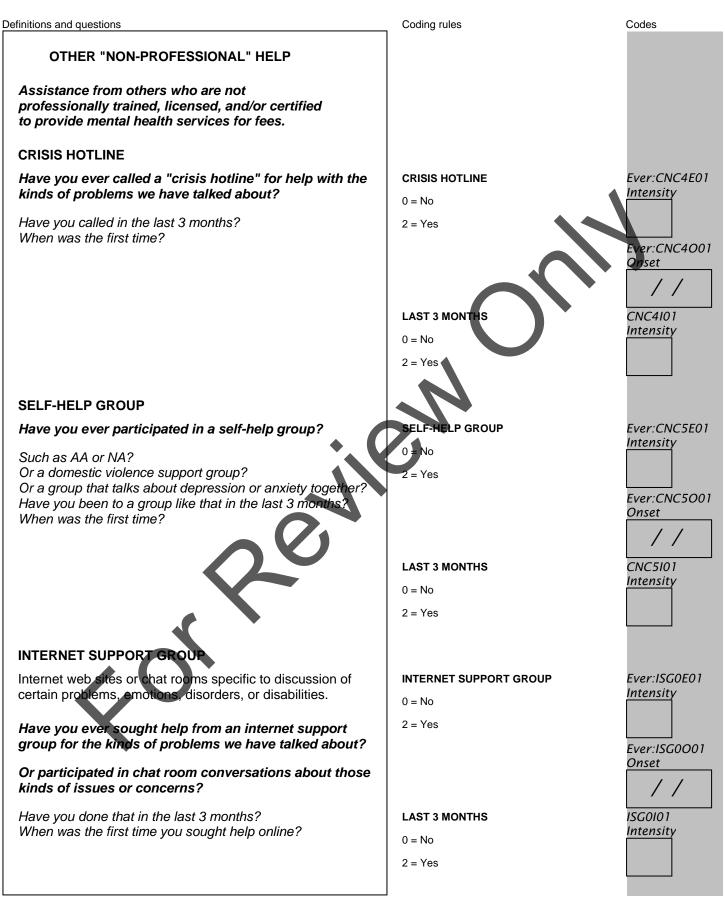


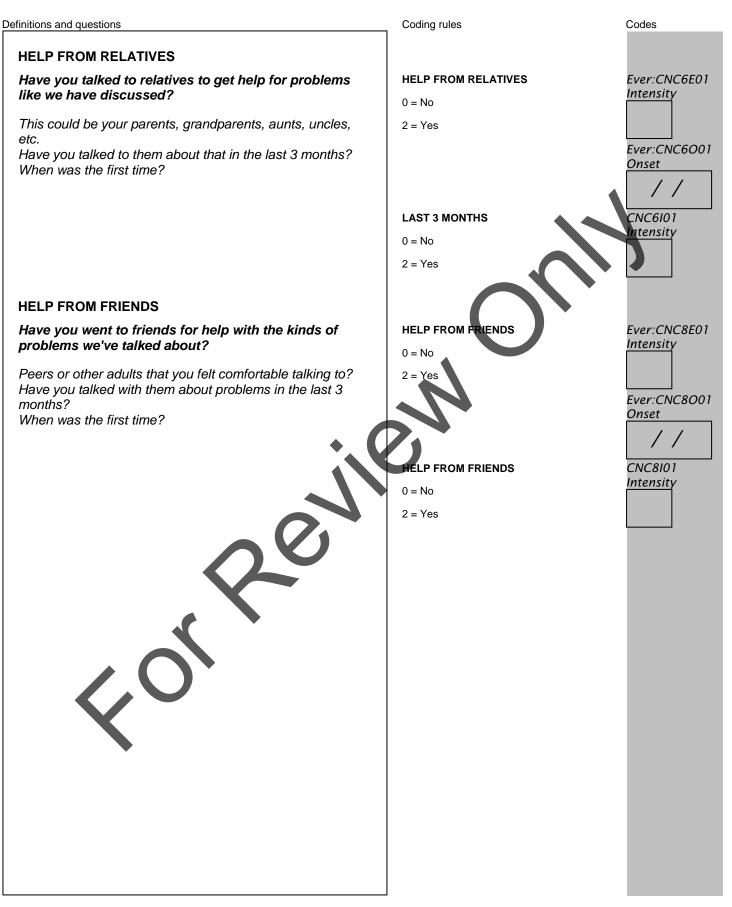






Definitions and questions Coding rules Codes **ALTERNATIVE PRACTITIONER/OTHER** HEALER Have you seen any alternative practitioners or other ALTERNATIVE PRACTITIONER/OTHER Ever:CNC3E01 HEALER healers? Intensity 0 = NoSuch as a faith healer or a curandero? 2 = YesOr a medicine man/woman? Or a traditional Indian healer? Ever:CNC3001 An herbalist or root doctor? Onset Or a "New Age" practitioner? Or a touch or massage therapist? Have you seen any of those in the last 3 months? LAST 3 MONTHS When was the first time? IC3101 ensity 0 = No 2 = Yes





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.

STUDENT SERVICES AT COLLEGE

Have you used any student services at college i.e. tutoring services or career guidance counselor?

Have you used them in the last 3 months?

DEPARTMENT OF SOCIAL SERVICES

Have you received any services from DS. Department Of Social Services)?

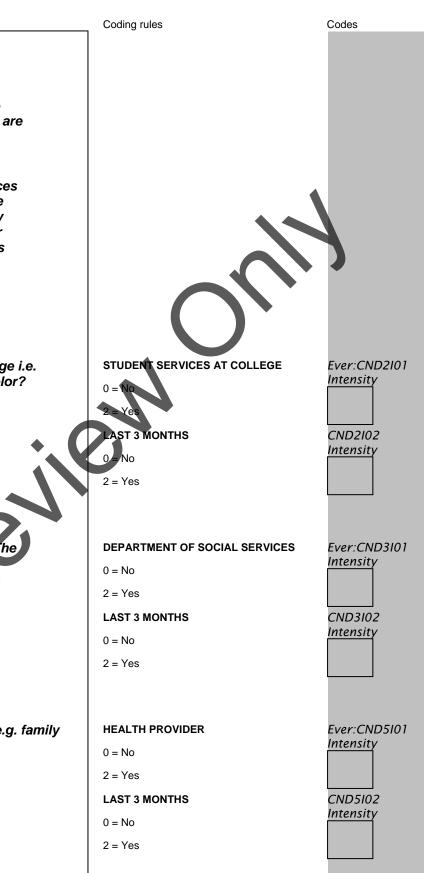
In the last 3 months?



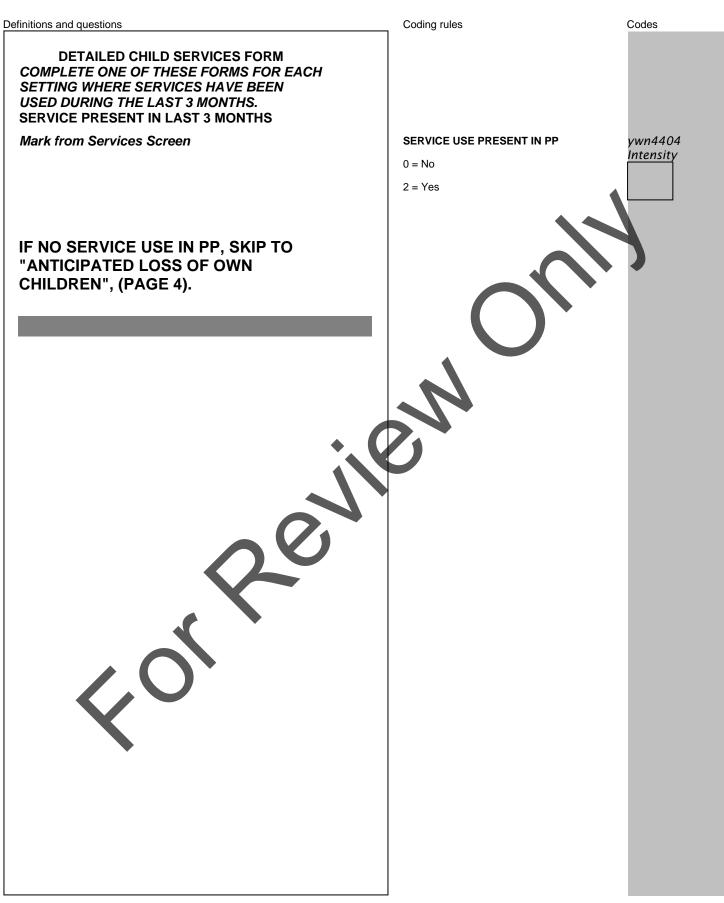
HEALTH PROVIDER

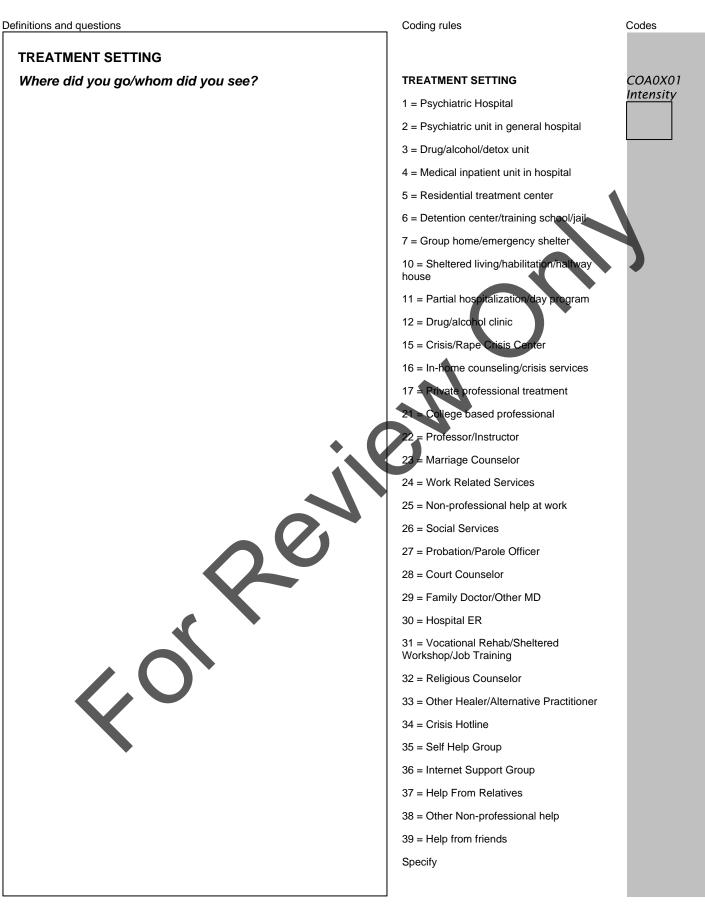
Have you made a visit to a health provider (e.g. family doctor, health center, clinic, ER)?

Have you been in the last 3 months?



Definitions and questions	Coding rules	Codes
MENTAL HEALTH SERVICES FOR OTHER THAN SUBJECT'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 SUBJECT'S OWN PROBLEMS 0 = No	Ever:CND6I01 Intensity
Have you been in the last 3 months?	2 = Yes LAST 3 MONTHS 0 = No	CND6I02 Intensity
	0 = No 2 = Yes	



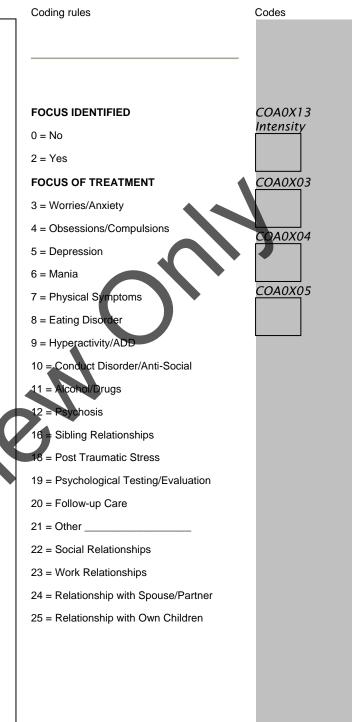


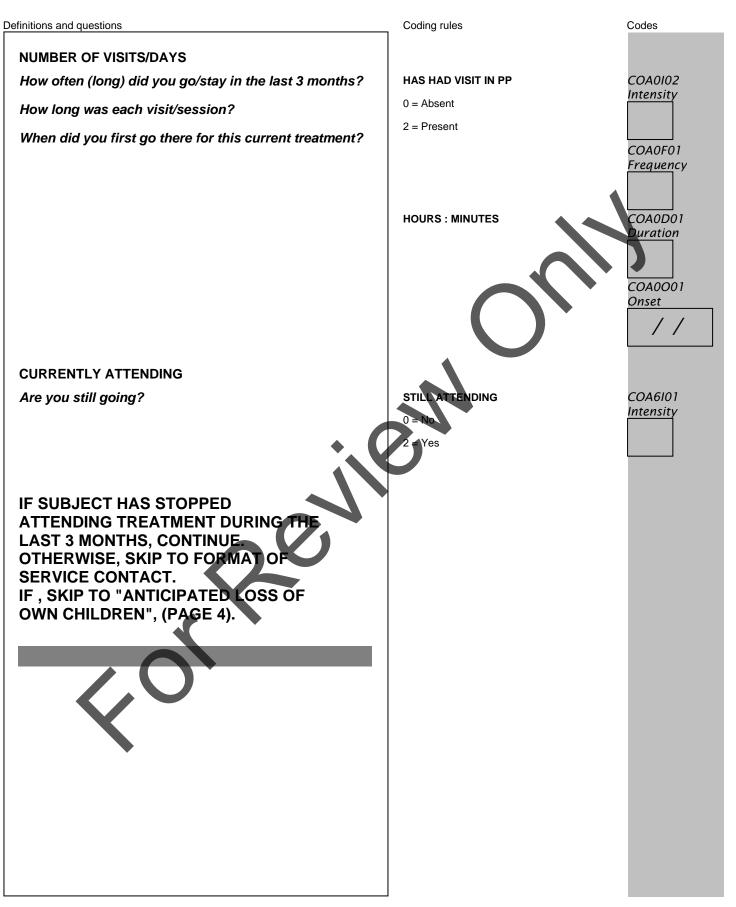
FOCUS OF TREATMENT

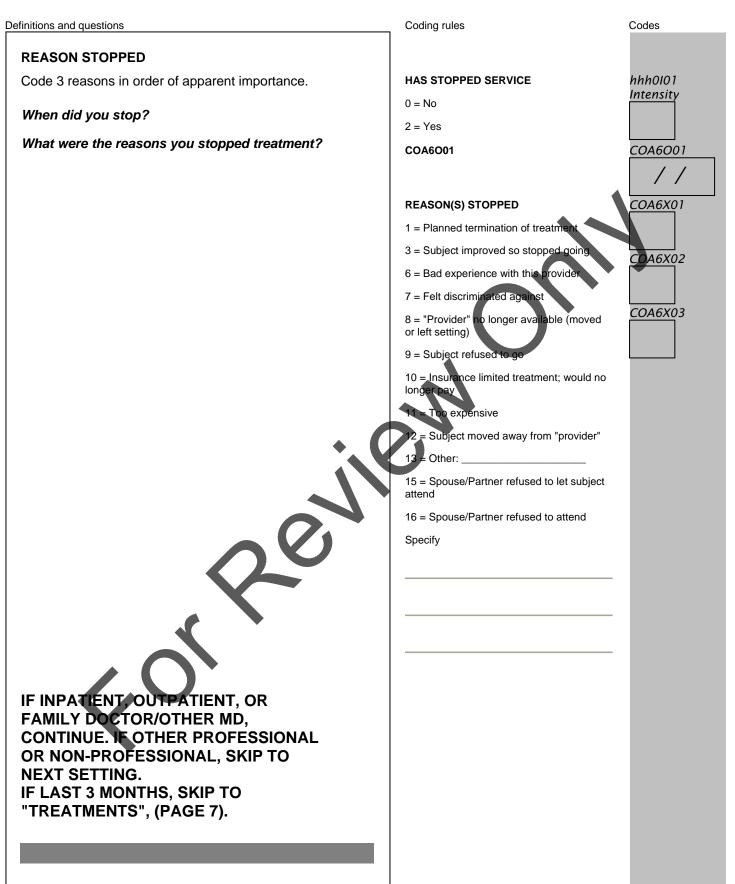
Code here the areas of psychopathology that were a focus of treatment provided in this service setting, in order of their apparent importance. In determining this order, consider the reason for referral, statements about the aim of the treatment remembered by the interviewee, and the type of treatment provided.

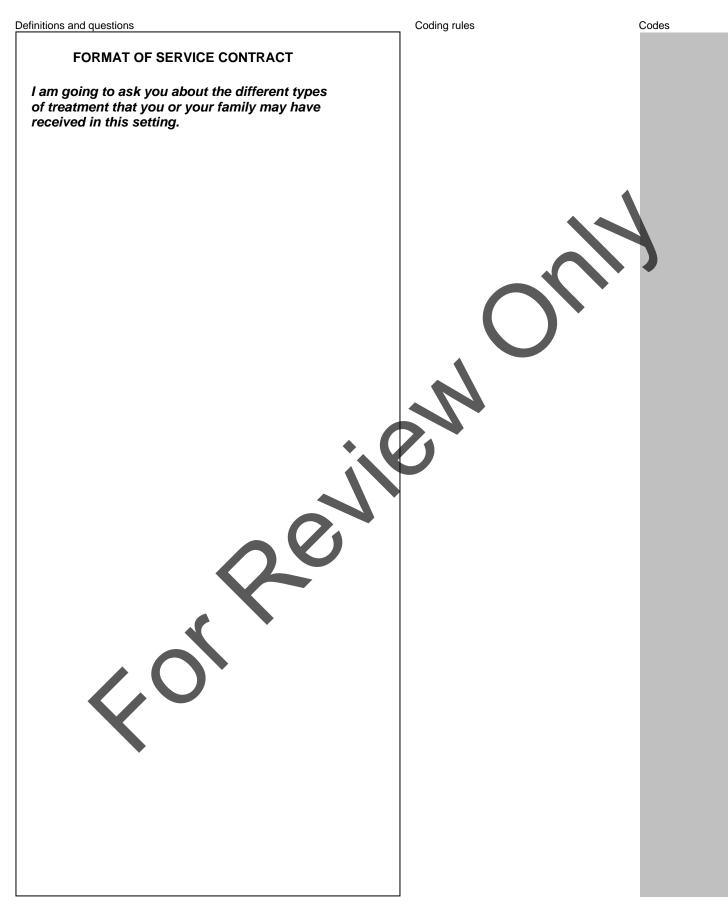
What were the main reasons that you "went to treatment setting"?

Were there any other reasons? What were they?









Definitions and questions Coding rules TREATMENTS TREATMENTS USED Did you receive an assessment, evaluation or psychological testing? 0 = NoDid you have individual therapy? 2 = YesASSESSMENT/EVALUATION/TESTING Group therapy? 0 = NoDid you or your family receive family therapy, when the "provider" meets with you and your parents or children 2 = Yestogether? INDIVIDUAL THERAPY FOR SUBJECT Did you receive counseling for you and your 0 = Nospouse/partner? 2 = YesDid your parent(s) have counseling by themselves for **GROUP THERAP** any problems we have discussed? 0 = No Did you receive family support or attend educational 2 = Yesgroups, such as group meetings with other families? FAMILYTHERAPY Did you receive case management services, that is having someone who helps coordinate the services vou receive? **COUNSELING FOR SUBJECT &** Did your "provider" contact your employer or college? SPOUSE/PARTNER Did they contact or work with any other services or = No agencies? 2 = Yes**COUNSELING FOR PARENT AND/OR** PARTNER 0 = No2 = YesFAMILY GROUP 0 = No2 = YesCASE MANAGEMENT 0 = No2 = YesCONTACTED WORK/COLLEGE 0 = No2 = YesCONTACTED OTHER SERVICES OR AGENCIES 0 = No2 = Yes

Codes

COA7115

Intensity

COA7I01

COA7103

COA7104

COA7107

COA7113

COA7108

COA7106

COA7109

COA7111

COA7112

FAMILY INVOLVEMENT

Were other family members involved (apart from your spouse/partner)?

Who? Did they participate in any sessions?

How many? Did you feel they should have been more involved?

Or less involved?

SPOUSE/PARTNER INVOLVEMENT

Did your spouse/partner participate in any of the sessions?

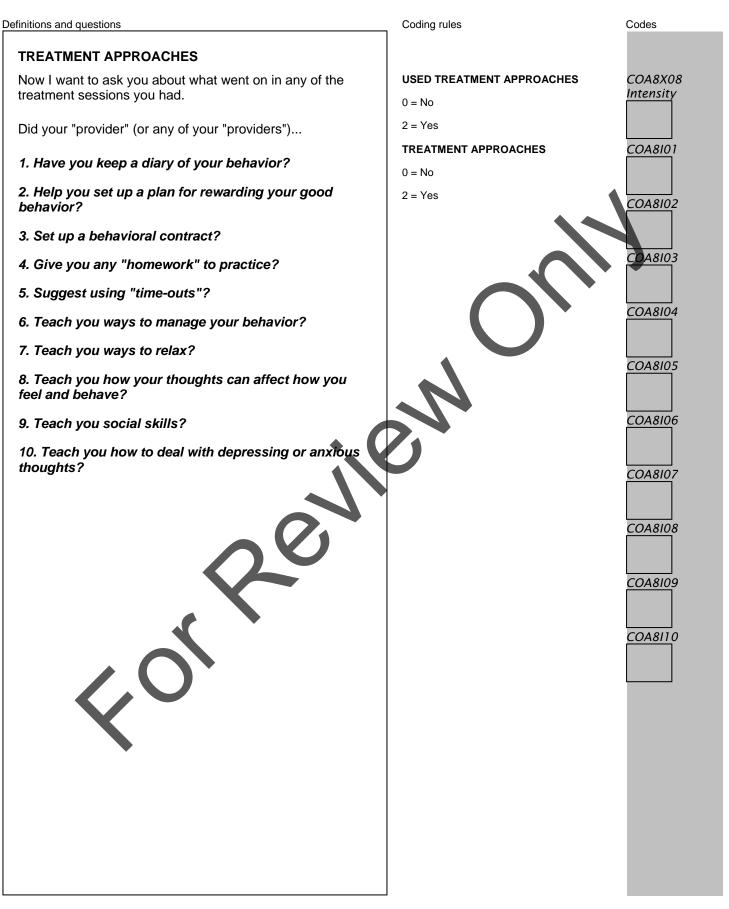
Did you feel like s/he should have been more involved? Or less involved?

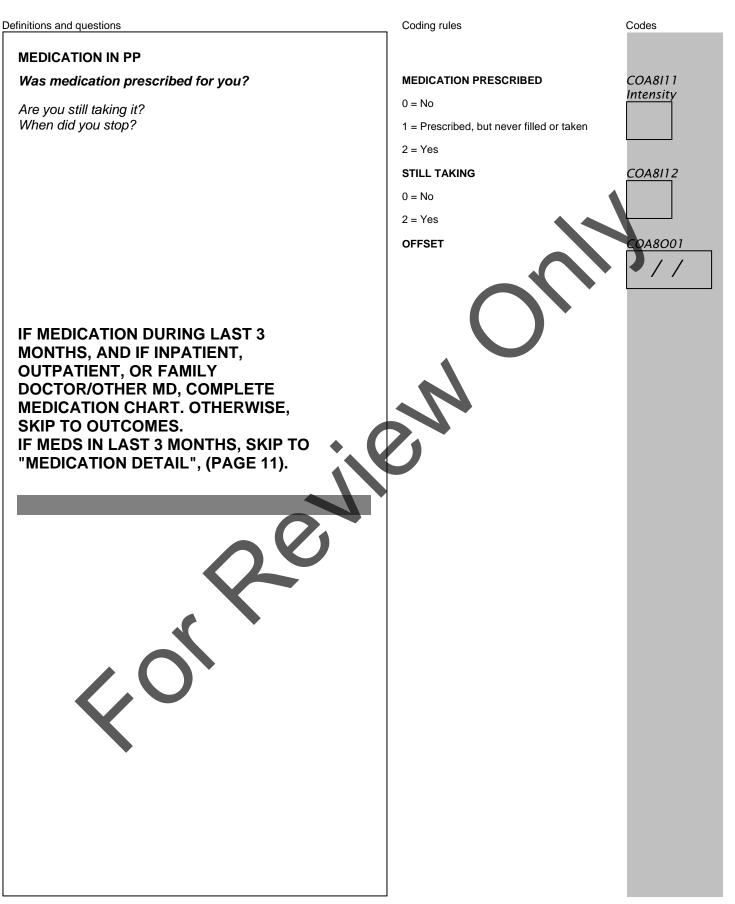
How many sessions did s/he participate in?

FAMILY PRESENT zxz0101 Intensity 0 = Absent 2 = Present COA2F01 Frequency **DEGREE OF INVOLVEMENT 1** COA2X01 0 = Adequate Involvement 2 = Subject feels other family involvement was insufficient 3 = Subject feels other family involvement was too extensi e SPOUSE/PARTNER PRESENT zxz9111 Intensity COA9F01 Frequency SPOUSE/PARTNER DEGREE OF COA9X01 INVOLVEMENT 0 = Adequate Involvement 2 = Subject feels other family involvement was insufficient 3 = Subject feels other family involvement was too extensive

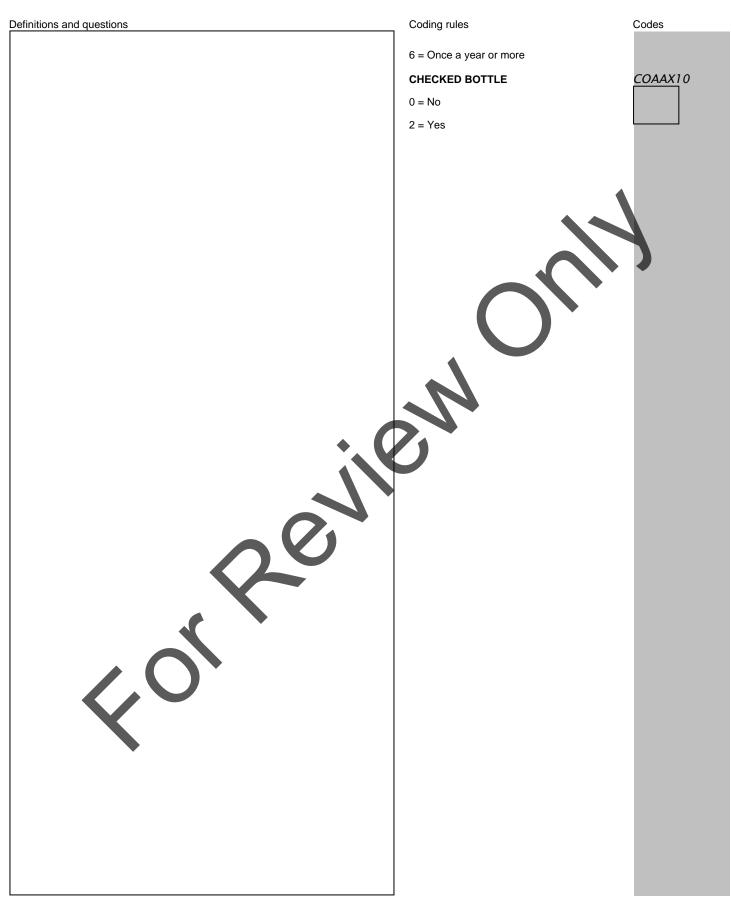
Codes

Coding rules

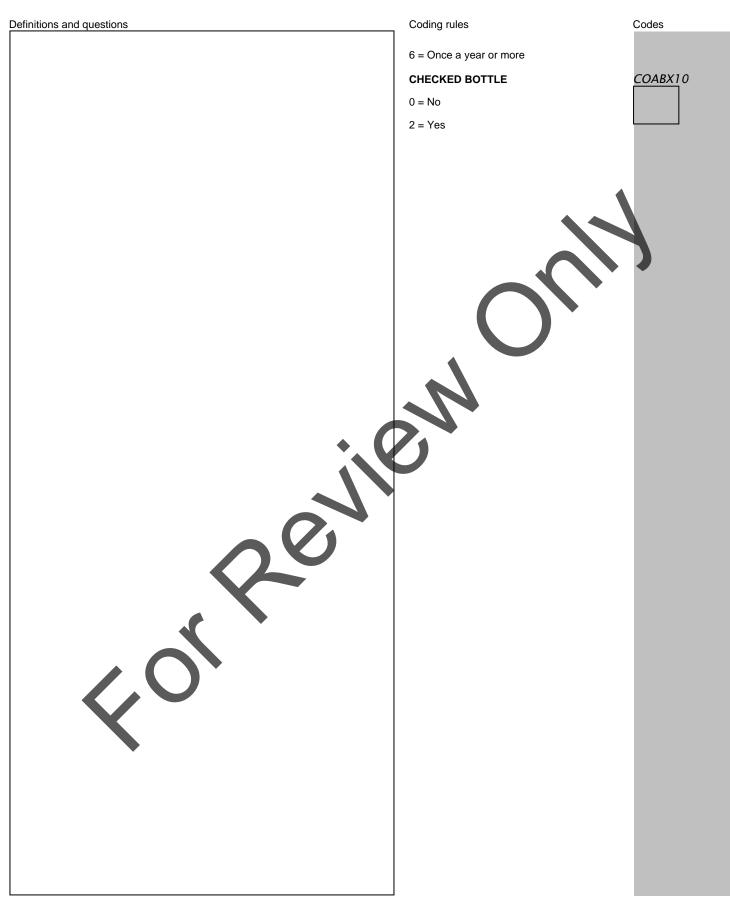




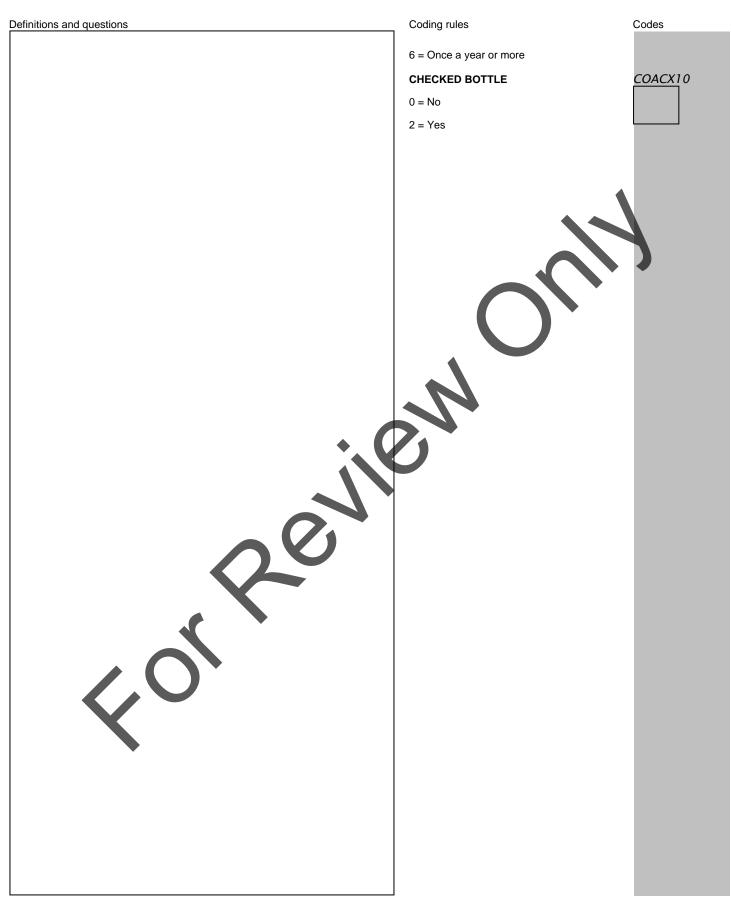
efinitions and questions	Coding rules	Codes
MEDICATION DETAIL		
<i>What is the name of the first medication you have taken in the last 3 months?</i>	NAME OF MEDICATION	COAAX03 Intensity
WHO PRESCRIBED THIS MEDICATION FOR YOU?	2 = Present	
WHAT EXACTLY IS THIS MEDICATION FOR?	Specify	
How many milligrams is the dosage?		
How many doses at that mg. in 24 hours?	DOSE IN MG 1	COAAX01
Does the dosage vary within 24 hours?		
How many milligrams is the second dosage?		COAAF01 Frequency
When did you start taking it?		•
Did the doctor explain what problem(s) or symptom(s) this medication was supposed to help? (record verbatim)	# DOSES AT THIS MG 2	COAAX02
<i>Did the doctor mention any side effects that you need to watch out for?</i>	# DOSES AT THIS MG	COAAF02
If yes, what are they?		COAAO01
How many different side effects did the doctor tell you about?	0	Onset
Have you experienced any side effects from this medication?	DOCTOR'S EXPLANATION	COAAX05
How often do you return to the doctor's office to have	2 = Yes	
the reaction to the medication checked?	SIDE EFFECTS	COAAX07
May I see the medication bottle to verify that I have the right information?	0 = No	
	2 = Yes	
	# OF SIDE EFFECTS	COAAX08
	SIDE EFFECTS EXPERIENCED	<u>COAAX1</u> 1
	0 = No	
	2 = Yes	
•	MEDICATION RECHECK	COAAX09
	0 = Not Checked	
	2 = Weekly or more	
	3 = Monthly or more	
	4 = Every 3 months or more	
	5 = Every 6 months or more	



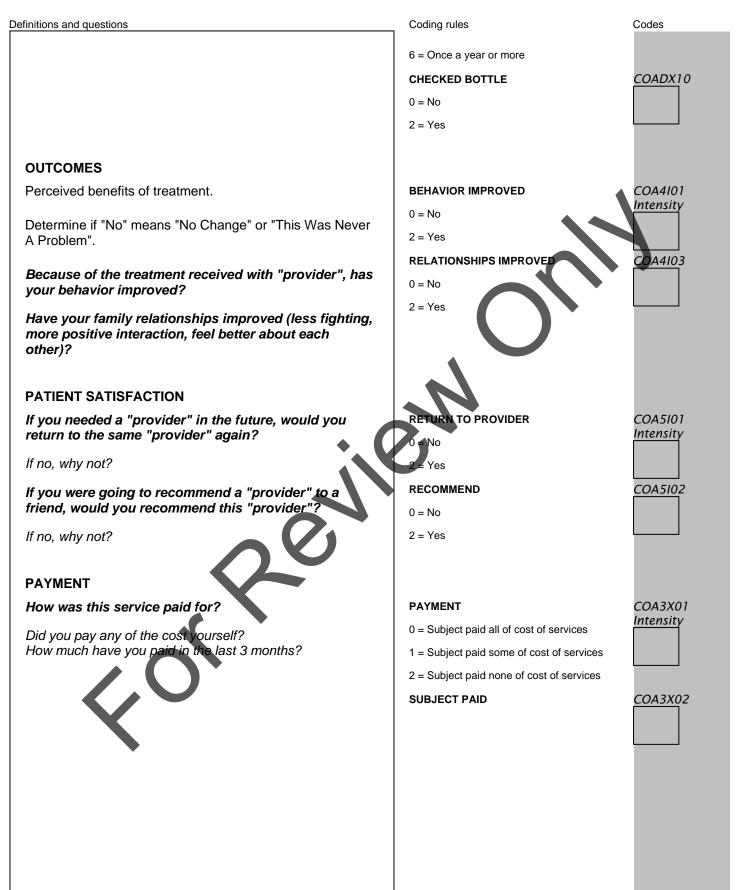
Definitions and questions Coding rules Codes **MEDICATION DETAIL 2** NAME OF MEDICATION COABX03 What is the name of the first medication you have taken in the last 3 months? Intensity 0 = Absent How many milligrams is the dosage? 2 = Present Specify How many doses at that mg. in 24 hours? Does the dosage vary within 24 hours? DOSE IN MG 1 COABX01 How many milligrams is the second dosage? When did you start taking it? DABF01 Did the doctor explain what problem(s) or symptom(s) equency this medication was supposed to help? (record verbatim) # DOSES AT THIS MG 2 COABX02 Did the doctor mention any side effects that you need to watch out for? If yes, what are they? # DOSES AT THIS MG COABF02 How many different side effects did the doctor tell you about? COABO01 Onset Have you experienced any side effects from this . medication? / / How often do you return to the doctor's office to have DOCTOR'S EXPLANATION COABX05 the reaction to the medication checked? 0 = NoMay I see the medication bottle to verify that I have the 2 = Yesright information? SIDE EFFECTS COABX07 0 = No2 = Yes**# OF SIDE EFFECTS** COABX08 COABX11 SIDE EFFECTS EXPERIENCED 0 = No2 = Yes**MEDICATION RECHECK** COABX09 0 = Not Checked 2 = Weekly or more 3 = Monthly or more 4 = Every 3 months or more 5 = Every 6 months or more



Definitions and questions Coding rules Codes **MEDICATION DETAIL 3** NAME OF MEDICATION COACX03 What is the name of the first medication you have taken in the last 3 months? Intensity 0 = Absent How many milligrams is the dosage? 2 = Present Specify How many doses at that mg. in 24 hours? Does the dosage vary within 24 hours? DOSE IN MG 1 COACX01 How many milligrams is the second dosage? When did you start taking it? DACF01 Did the doctor explain what problem(s) or symptom(s) equency this medication was supposed to help? (record verbatim) # DOSES AT THIS MG 2 COACX02 Did the doctor mention any side effects that you need to watch out for? If yes, what are they? # DOSES AT THIS MG COACF02 How many different side effects did the doctor tell you about? COACO01 <u>Onset</u> Have you experienced any side effects from this . medication? / / How often do you return to the doctor's office to have DOCTOR'S EXPLANATION COACX05 the reaction to the medication checked? 0 = NoMay I see the medication bottle to verify that I have the 2 = Yesright information? SIDE EFFECTS COACX07 0 = No2 = Yes**# OF SIDE EFFECTS** COACX08 COACX11 SIDE EFFECTS EXPERIENCED 0 = No2 = Yes**MEDICATION RECHECK** COACX09 0 = Not Checked 2 = Weekly or more 3 = Monthly or more 4 = Every 3 months or more 5 = Every 6 months or more



Definitions and questions Coding rules Codes **MEDICATION DETAIL 4** NAME OF MEDICATION COADX03 What is the name of the first medication you have taken in the last 3 months? Intensity 0 = Absent How many milligrams is the dosage? 2 = Present Specify How many doses at that mg. in 24 hours? Does the dosage vary within 24 hours? DOSE IN MG 1 COADX01 How many milligrams is the second dosage? When did you start taking it? DADF01 Did the doctor explain what problem(s) or symptom(s) equency this medication was supposed to help? (record verbatim) # DOSES AT THIS MG 2 COADX02 Did the doctor mention any side effects that you need to watch out for? If yes, what are they? # DOSES AT THIS MG COADF02 How many different side effects did the doctor tell you about? COADO01 Have you experienced any side effects from this . Onset medication? / / How often do you return to the doctor's office to have DOCTOR'S EXPLANATION COADX05 the reaction to the medication checked? 0 = NoMay I see the medication bottle to verify that I have the 2 = Yesright information? SIDE EFFECTS COADX07 0 = No2 = Yes**# OF SIDE EFFECTS** COADX08 SIDE EFFECTS EXPERIENCED COADX11 0 = No2 = Yes**MEDICATION RECHECK** COADX09 0 = Not Checked 2 = Weekly or more 3 = Monthly or more 4 = Every 3 months or more 5 = Every 6 months or more



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?

PERSONAL RECEPTIVITY

Do you think that getting help or treatment for a serious problem would be (has been) a good idea for you?

Would you have liked to see someone (someone else) for any problems you had in the past 3 months? In the future, if you had a major problem, would you want to see someone?

SPOUSE/PARTNER'S RECEPTIVITY

Does your spouse/partner think that getting help or treatment for a serious problem would be (has been) a good idea for you?

Would s/he have liked you to see someone (someone else) for any problems you had in the past 3 months? In the future, if you had a major problem, would s/he want you to see someone?

Coding rules **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 people 3 = Sees professional services as definitely not appropriate for major emotional or behavioral problems for people PERSONAL RECEPTIVITY 0 = Sees professional services as an appropriate response to major emotional or ehavioral problems, for self. = Sees professional services as probably appropriate for major problems, for self. Sees professional services as probably not appropriate for major problems, for self. 3 = Sees professional services as definitely not appropriate even for major emotional or behavioral problems, for self. SPOUSE/PARTNER'S PERSONAL RECEPTIVITY

0 = Spouse/Partner sees professional services as an appropriate response to subject's major emotional or behavioral problems

1 = Spouse/Partner sees professional services as probably appropriate for subject's major problems

2 = Spouse/Partner sees professional services as probably not appropriate for subject's major problems

3 = Spouse/Partner sees professional services as definitely not appropriate for subject's major emotional or behavioral problems

SPR0I03 Intensity



Codes

CPA0101

Intensity

CPA0102

Intensity

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 FEAR, DISLIKE, DISTRUST OF Concern or discomfort with using services caused by Ever:CPA1101 PROFESSIONALS subject's fear, dislike, or distrust of talking with ntensity professionals. 0 = Absent 2 = Present How do you feel about talking with doctors, counselors, or other professionals? **IF SYMPTOMS** CPA1102 Intensity 0 = Present but did not keep from getting Have you talked with anyone like that about the kinds of help problems we have talked about? 2 = Present and delayed subject from Tell me about the last time. getting some/other particular services in What made you uncomfortable? past 3 months IF SYMPTOMS IN LAST 3 MONTHS, ASK: 3 = Present and stopped subject from getting some/other particular services Were there any times in the past 3 months when you **IF SERVICES** CPA1103 didn't get help because of this feeling about "doctors"? 0 Present, but no effect on services IF SERVICES IN LAST 3 MONTHS, ASK: 2 = Present, and had some effect on response to services actually used in past 3 Did this "feeling" make a difference when you got I months (missed appointments, not talk in the past 3 months? freely, not follow recommendations, etc.) What difference did it make? 3 = Quit getting services Did you quit getting services because

Definitions and questions Codina rules Codes PREVIOUS NEGATIVE EXPERIENCE PREVIOUS NEGATIVE EXPERIENCE Concern or discomfort with using services caused by Ever:CPA2E01 subject's previous negative experience with professional(s). Intensity 0 = Absent 2 = Present Have you ever had a "bad experience/trouble" with a "professional/provider" that kept you from getting help **IF SYMPTOMS** CPA2101 again? Intensity 0 = Present but did not keep from getting help Tell me about it. 2 = Present and delayed subject from IF SYMPTOMS IN LAST 3 MONTHS, ASK: getting some/other particular services in past 3 months Were there any times in the past 3 months when you 3 = Present and stopped subject from didn't get help because of "this experience"? getting some/other particular servic IF SERVICES IN LAST 3 MONTHS, ASK: **IF SERVICES** CPA2102 0 = Present, but no effect on services Did "this experience" make a difference when you got help in the past 3 months? 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk What difference did it make? freely, not follow recommendations, etc.) = Quit getting services SELF-CONCIOUSNESS SELF-CONCIOUSNESS Reluctance to use services caused by self-conciousness. CPA3101 about admitting having a problem or about seeking help for Intensity 0 = Absent it. Also inability to talk with anyone about such sensitive issues. 2 = Present **IF SYMPTOMS** CPA3102 Is it hard for you to talk to others about a problem or a 0 = Present but did not keep from getting concern you might have with your emotions or help behavior? 2 = Present and delayed subject from Is it hard for you to ask others for help? getting some/other particular services in past 3 months Do you feel embarrassed or self-conscious? 3 = Present and stopped subject from getting some/other particular services IF SYMPTOMS IN LAST 3 MONTHS, ASK: **IF SERVICES** CPA3103 Were there any times in the past 3 months when you 0 = Present, but no effect on services didn't go to see someone because it would be "embarrassing"? 2 = Present, and had some effect on response to services actually used in past 3 months (missed appointments, not talk IF SERVICES IN LAST 3 MONTHS. ASK: freely, not follow recommendations, etc.) Did this "feeling" make a difference when you got help 3 = Quit getting services in the past 3 months? What difference did it make?

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?

ANTICIPATED LOSS OF OWN CHILDREN

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 your children might be taken away?

Or placed in foster care?

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?

Coding rules	Codes
ANTICIPATION OF NEGATIVE REACTION	CPA4I01 Intensity
0 = Absent	
2 = Present	
IF SYMPTOMS	CPA4102
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 or services	CPA4103
 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 = Quil getting services 	
ANTICIPATED LOSS OF OWN CHILDREN	nnn3l01 Intensity
0 = Absent	
2 = Present	
IF SYMPTOMS	nnn3102
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	nnn3103
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	

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 you might not be allowed to look after your children anymore?

What did you think might happen?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Was there any time in the last 3 months when you didn't get help because of "this concern"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did "this concern" make a difference when you got help in the past 3 months?

What difference did it make?

INCOMPLETE INFORMATION

Difficulty in getting services caused by lack of information about where to get services or how to arrange them.

Did lack of information about who to see make it harder for you to get services?

Do you think you need more information about who to see about a problem?

How would (did) you try to find out who to see? Who would (did) you ask about finding the right person to help with problems? Have you tried to contact anyone for help?

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 or where to go?

	Coding rules	Codes
	ANTICIPATION THAT SUBJECT MIGHT LOSE PARENTAL RIGHTS	nnn4l01 Intensity
	0 = Absent	
	2 = Present	
	IF SYMPTOMS	nnn4102
	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	nnn4103
	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.)	
C	3 – Quit getting services	
	INCOMPLETE INFORMATION	CPA7I01
	0 = Absent	Intensity
er	2 = Present	
	IF SYMPTOMS	
		CPA7102
)	0 = Present but did not keep from getting help	CPA7I02
	0 = Present but did not keep from getting	CPA7102
	 0 = Present but did not keep from getting help 2 = Present and delayed subject from getting some/other particular services in 	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 	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 	
	 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 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 	
	 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.) 	
	 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.) 	

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 class or work? Would you have to give up a job or going to school? Would you miss out on social activities with friends? Would you have to give up doing things you enjoy?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when you didn't get help because of "the time commitment"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did time make a difference when you got help in the past 3 months?

	Coding rules	Codes
	ТІМЕ	CPA8101
	0 = Absent	Intensity
	2 = Present	
	IF SYMPTOMS	CPA8102
	0 = Present but did not keep from getting help	
	2 = Present and delayed subject from getting some/other particular services in past 3 months	7
	3 = Present and stopped subject from getting some/other particular services	
	IF SERVICES	CPA8103
	0 = Present, but no effect on services	
1	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	
	6	

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	Codes
CONCERN ABOUT COST	CPA9101
0 = Absent	Intensity
2 = Present	
IF SYMPTOMS	CPA9102
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	CPA9103
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	CPA9I04
0 = Insurance covered cost or could afford co-payment	
2 = No insurance or insurance coverage insufficient	

TRANSPORTATION

Reluctance to use services caused by difficulty getting to treatment site.

Is it difficult for you to get to "treatment" location?

How far would you need to go? What transportation would (do) you need to get there? Is that available? Why wouldn't you use it?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when you didn't get help because you "had no transportation and couldn't get there"?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did transportation make a difference when you got help in the past 3 months?

What difference did it make?

BUREAUCRATIC DELAY

This item includes bureaucratic hurdles such as excessive pre-visit paperwork or authorizations, difficulty getting an appointment in a timely fashion or being put on a waiting list, or offices where the phone is not answered or calls are not returned.

Have there been difficulties getting services because of "the system"?

Have you had trouble getting through on the phone? Were you put on a waiting list? Did you feel like you were "getting the run around"?

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?

Coding rules	Codes
PROBLEM WITH TRANSPORTATION 0 = Absent	CPB0I01 Intensity
2 = Present	
IF SYMPTOMS	CPB0I02
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	CPB0I03
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	
PROBLEM WITH BUREAUCRATIC	CPB6I01
0 = Absent	Intensity
2 = Present	
IF SYMPTOMS	CPB6102
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	CPB6103
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	

SERVICE NOT AVAILABLE

Non-availability of a particular service desired by a subject (such as counseling or drug rehab) because it does not exist in the area where the subject lives.

Are there particular services you would like to use to get help that are not available where you live?

What kind of service?

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when you didn't get help because that service is not available around here?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did availability or existence of services make a difference when you got help in the last 3 months?

What difference did it make?

REFUSAL TO TREAT

Being refused by the service for various reasons: lack of space/beds, problematic history of subject, fear of liability, etc.

Did any service agency refuse to provide treatment for you?

What was the reason given? What do you think was the reason

IF SYMPTOMS IN LAST 3 MONTHS, ASK:

Were there any times in the past 3 months when you didn't get help because you were refused treatment?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did this refusal to treat make a difference when you got help in the last 3 months?

What difference did it make?

	Coding rules	Codes
t	PROBLEM WITH AVAILABILITY	CPB7I01
	0 = Absent	Intensity
	2 = Present	
	IF SYMPTOMS	CPB7102
	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	CPB7103
	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.)	
6	3 = Quit getting services	
	REFUSAL TO TREAT	CPB8I01
	0 = Absent	Intensity
	2 = Present	
r	IF SYMPTOMS	CPB8102
	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	CPB8103
	0 = Present, but no effect on services	
ot	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	

SUBJECT OR SPOUSE/PARTNER REF TREATMENT

The subject refused to go for treatment fo referred by a professional; or, the spouse allow the subject's participation.

Have you refused to go to any treatment

Has your spouse/partner refused to all treatment?

What was the reason?

IF SYMPTOMS IN LAST 3 MONTHS, AS

Were there any times in the past 3 mor didn't get help because you or your sp refused treatment?

IF SERVICES IN PAST 3 MONTHS, ASH

Did your refusal to go to treatment man getting help in the last 3 months?

Did your spouse/partner's refusal to let yo difference in getting help in the last 3 mol

d questions	Coding rules	Codes
CT OR SPOUSE/PARTNER REFUSES MENT		
ject refused to go for treatment for which s/he was by a professional; or, the spouse/partner refuses to	SUBJECT OR SPOUSE/PARTNER REFUSES TREATMENT	CPB9I01 Intensity
e subject's participation.	0 = Absent 2 = Present	
<i>Ir spouse/partner refused to allow you to get nt?</i>	IF SYMPTOMS 0 = Present but did not keep from getting help	СРВ9102
as the reason? PTOMS IN LAST 3 MONTHS, ASK:	2 = Present and delayed subject from getting some/other particular services in past 3 months	
ere any times in the past 3 months when you et help because you or your spouse/partner treatment?	3 = Present and stopped subject from getting some/other particular services IF SERVICES	CPB9103
/ICES IN PAST 3 MONTHS, ASK:	0 = Present, but no effect on services	
r refusal to go to treatment make a difference in help in the last 3 months?	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.)	
r spouse/partner's refusal to let you go make a ce in getting help in the last 3 months?	3 = Quit getting services	

LANGUAGE

Reluctance to use services caused by lack who speak the native language of this fami include a speech defect in a parent or subj language is English.

IF ENGLISH IS ONLY LANGUAGE, SKIP BARRIERS.

What languages are spoken in your hon

Does your spouse/partner speak English?

Is it hard for you to talk about your problem Is it hard for your spouse/partner?

IF SYMPTOMS IN LAST 3 MONTHS, ASH

Were there any times in the last 3 month didn't go see someone about a problem having to speak English?

IF SERVICES IN LAST 3 MONTHS, ASK:

Did having to speak English make a diff you got help in the past 3 months?

What difference did it make?

of professionals	LANGUAGES SPOKEN IN THE HOME
ly. Do not ect whose native	0 = English is first language
	1 = English is secong language and other first language(s) is spoken in the home
TO OTHER	2 = Only other language(s), not English, spoken in the home
ne?	OTHER LANGUAGE(S)
	0 = Absent
ns in English?	2 = Child is so bothered that s/he become emotionally upset or physically aggressiv and/or avoids the situations as much as possible.
K :	LANGUAGE BARRIER
hs when you	0 = Absent
because of	2 = Present for spouse/partner but not subject
	3 = Present for subject
ference when	IF SYMPTOMS
	0 = Present but did not keep from getting help
	2 = Present and delayed subject from

Coding rules

ct 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

CPB1101

Intensity

CPB1X01

CPB2101

CPB2102

and other

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 you 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?

Coding rules Codes **OTHER BARRIER** CPB3101 Intensity 0 = Absent 2 = Present **IF SYMPTOMS** CPB3102 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 servic **IF SERVICES** CPB3103 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.) getting services

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 "ACADEMIC PROBATION FROM COLLEGE OR UNIVERSITY", (PAGE

33).

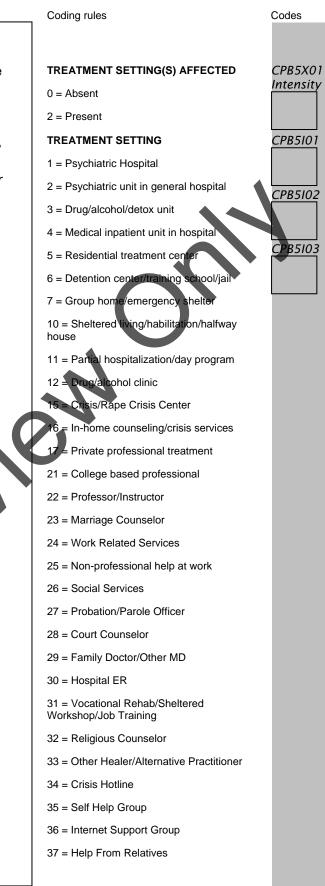
Definitions and questions Coding rules Codes **RELATIVE IMPACT OF BARRIERS** BARRIERS REPORTED Subject's weighting of the relative importance of the CPD4X01 barriers to service. Intensity 0 = Absent 2 = Present You've told me that "barriers" made a difference in the help you got. **RELATIVE IMPACT OF BARRIERS** CPB4101 Which ones bothered you the most? 1 = Fear, dislike, or distrust of professionals 2 = Previous negative experience Which ones made the most difference in the services you CPB4102 got? 3 = Self-consciousness 4 = Anticipated negative reaction CPB4103 7 = Lack Of Information 8 = Time9 = Cost 10 = Problem With Transpo ation 11 = Language Barrier 12 = Other Barrier **Bureaucratic delay** 3 = Service not available 4 = Refusal to treat 15 = Refuses treatment 17 = Anticipated Loss of Own Children 18 = Anticipated Loss Of Parental Rights

SERVICES AFFECTED

Subject's listing of the providers/treatment settings whose services were most affected by the above barriers.

Which "services" were affected the most?

Who didn't you go to see that you would have otherwise? Is there someone you would have liked to have seen? Or an agency or center you would like to have gone to for services?





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

SYMPTOM DEPENDENCY

In general, for an incapacity to be rated it must demonstrably have arisen from the presence of particular symptoms or behaviors and be manifested as a change in functions.

However, there are certain exceptions to the rule:

LIFELONG SYMPTOMS/BEHAVIORS

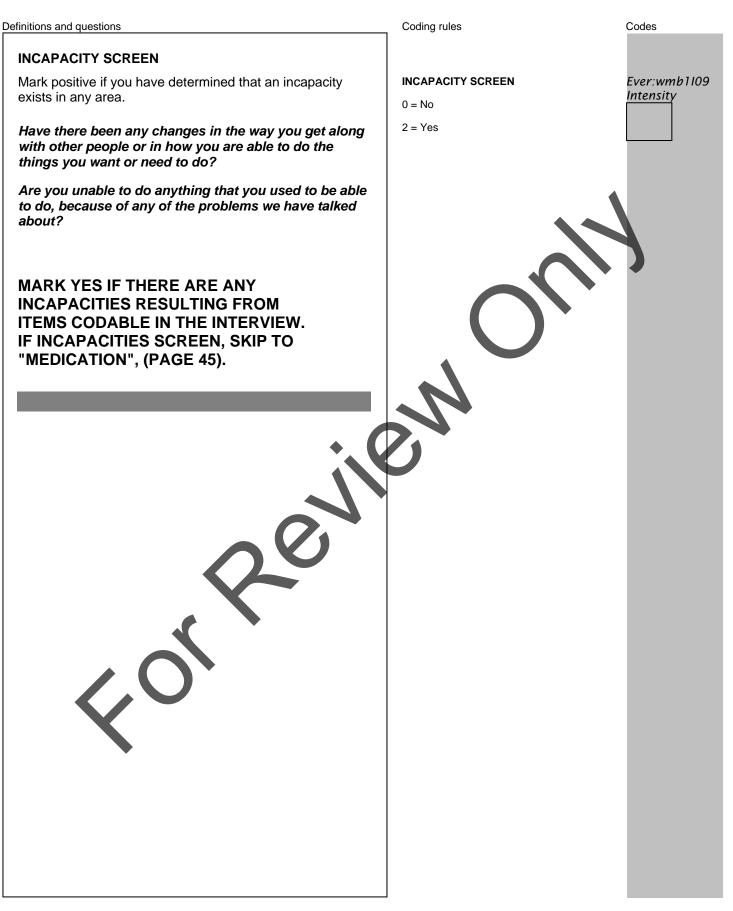
If a symptom or behavior has always been present then an incapacity resulting from that symptom/behavior may be rated as long as there is clear evidence that the symptom/behavior is interfering with functioning in that area.

SITUATION NOT ENTERED

If a particular situation (such as college or work) has not been entered in the preceding three months, but it is clear that incapacity was present in that situation the last time the subject entered it, then an incapacity should be coded on the basis of the state of affairs pertaining at that time. Coding rules

Codes

Wave P eYAPA 2.0.3



RELATIONSHIP WITH SPOUSE/LIVE-IN PARTNER

Complete for spouse or live-in partner of >=6 months.

A subject should be able to maintain relationships with his/her spouse/partner that are relatively harmonious and capable of containing positive and supportive communication.

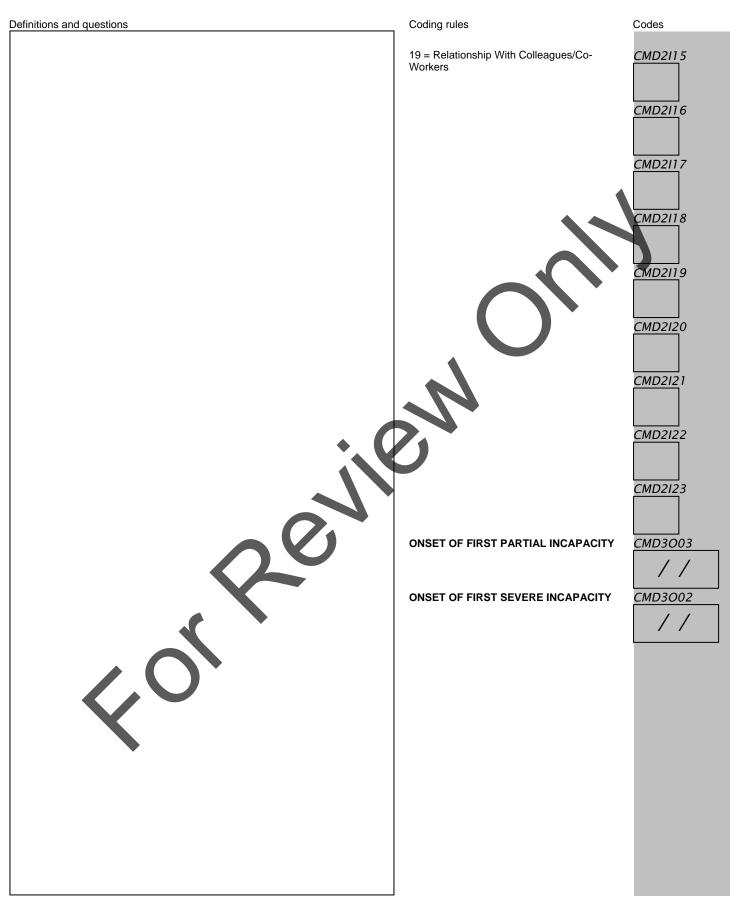
A change in the relationship, temporarily associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to spouse or partner.

DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does it/Do these things affect how you get along with (your) "spouse/live-in partner"?

In what way? What does s/he do about it? What do you do about it? Does it cause any arguments? Does it cause you to avoid each other? Can you tell me what that is like? When did you start having problems in your relationship with "X"? Has there been a time when the relationship became much worse than that? When did that start? Coding rules Codes **RELATIONSHIP WITH SPOUSE/LIVE-IN** CMD2190 PARTNER Intensity 0 = Absent 2 = Present WITHDRAWAL CMD2101 0 = Absent 2 = Partial Incapacity. 3 = Severe Incapacity. MD2102 DISCORD 0 = Absent 2 = Partial Incapacity. 3 = Severe Incapacity. SYMPTOM AREAS CAUSING CMD2105 INCAPACITY = Worries/Anxiety/Panic CMD2106 Obsessions/Compulsions 3 Depression or PMS = Mania CMD2107 5 = Physical Symptoms 6 = Food-Related Behavior CMD2108 7 = Conduct Disorder/Anti-Social Behavior 8 = Alcohol/Drugs CMD2109 9 = Psychosis 10 = Relationships With Parent #1 and/or Parent #2 CMD2I10 11 = Relationships With Other Parent #1 and/or Other Parent #2 12 = Relationship With Spouse/Live-In CMD2111 Partner 13 = Relationships With Others Outside of College/Work CMD2112 14 = Sibling Relationships 15 = Relationships With People at College/Work CMD2113 16 = Life Events/Post-Traumatic Stress 17 = Relationships With Own Children/Other Children in Household CMD2I14 18 = Relationship With Employer/Supervisor



RELATIONSHIPS WITH OWN CHILD(REN)

A subject should be able to live in reasonable harmony with his/her child(ren). Some arguments and battles are to be expected, but harmonious and loving relations should predominate. The subject should be able to provide the nurturance and parental care that the child(ren) need(s), depending upon their age(s).

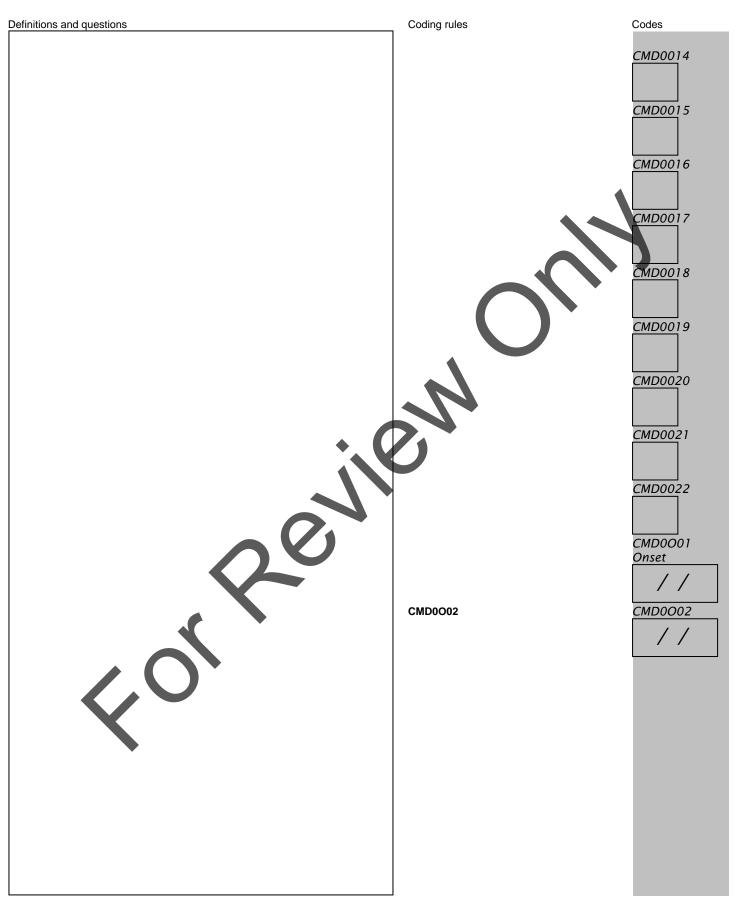
WITHDRAWAL: Incapacity involving refusal or inability to provide adequate care or nurturance to child(ren).

DISCORD: Incapacity involving aggression, physical, or psychological violence, arguments, or fights.

Does it affect how you get along with your own child(ren)?

How? What do you do? What do they do? Does it lead to fights or arguments? Can you tell me about the last time it did? Does it cause you to avoid each other? When did that start? Was there a time when it became much worse? When was that?

	Coding rules	Codes
1	RELATIONSHIP PROBLEMS WITH OWN CHILDREN	CMD0001 Intensity
	0 = Absent	
	2 = Present	
	WITHDRAWAL	СМД0002
	0 = Absent	
	2 = Partial Incapacity.	
	3 = Severe Incapacity.	
	DISCORD	CMD0003
	0 = Absent	Ť.
	2 = Partial Incapacity.	
	3 = Severe Incapacity.	
	SYMPTOM AREA CAUSING INCAPACITY	CMD0004
	1 = Worries/Anxiety/Panic	
	2 = Obsessions/Compulsions	СМD0005
	3 = Depression or PMS	
U	4 ⇒ Mania	 CMD0006
	5 = Physical Symptoms 6 = Food-Related Behavior	
	7 = Conduct Disorder/Anti-Social Behavior	 CMD0007
	8 = Alcohol/Drugs	
	9 = Psychosis	
	10 = Relationships With Parent #1 and/or Parent #2	СМД0008
	11 = Relationships With Other Parent #1 and/or Other Parent #2	 СМD0009
	12 = Relationship With Spouse/Live-In Partner	 CMD0010
	13 = Relationships With Others Outside of College/Work	
	14 = Sibling Relationships	CMD0011
	15 = Relationships With People at College/Work	
	16 = Life Events/Post-Traumatic Stress	СМD0012
	17 = Relationships With Own Children/Other Children in Household	
	18 = Relationship With Employer/Supervisor	CMD0013
	19 = Relationship With Colleagues/Co- Workers	



RELATIONSHIPS WITH OTHER CHILDREN IN HOUSEHOLD

A subject should be able to live in reasonable harmony with other children in the house. Some arguments and battles are to be expected, but harmonious and loving relations should predominate. The subject should be able to provide the nurturance and care that the child(ren) need, depending on their age and how much they are his/her responsibility.

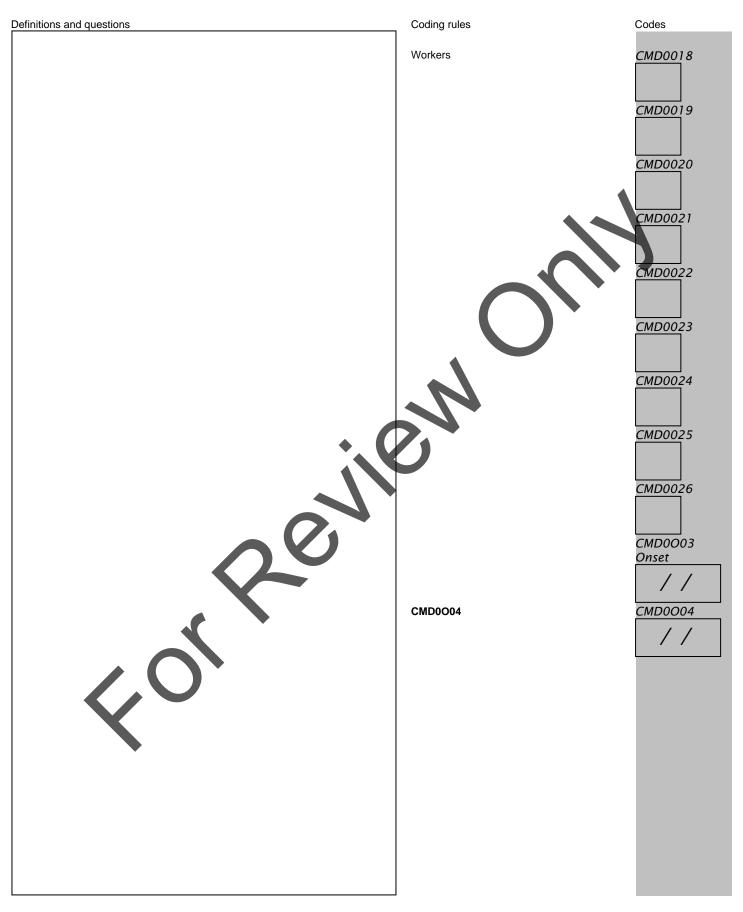
WITHDRAWAL: Incapacity involving refusal or inability to provide adequate care or nurturance to child(ren).

DISCORD: Incapacity involving aggression, physical or psychological violence, arguments, or fights.

Does it affect how you get along with other children in your household?

How? What do you do? What do they do? Does it cause you to avoid each other? Does it lead to fights or arguments? Can you tell me about the last time it did? When did that start? When did it become the worst?

Coding rules	Codes
PROBLEMS WITH OTHER CHILDREN IN HOUSEHOLD	CMD0005 Intensity
0 = Absent	
2 = Present	
WITHDRAWAL	СМД0006
0 = Absent	
2 = Partial Incapacity.	
3 = Severe Incapacity.	
DISCORD	<u>СМD0007</u>
0 = Absent	
2 = Partial Incapacity.	
3 = Severe Incapacity.	
SYMPTOM AREA CAUSING INCAPACITY	СМД0008
1 = Worries/Anxiety/Panic	
2 = Obsessions/Compulsions	 СМD0009
3 = Depression or PMS	
4 = Mania	
5 = Physical Symptoms	<u>CMD0010</u>
6 = Food-Related Behavior	
7 = Conduct Disorder/Anti-Social Behavior	СМД0011
8 = Alcohol/Drugs	
9 = Psychosis	 CMD0012
10 = Relationships With Parent #1 and/or Parent #2	
11 = Relationships With Other Parent #1 and/or Other Parent #2	CMD0013
12 = Relationship With Spouse/Live-In Partner	
13 = Relationships With Others Outside of College/Work	CMD0014
14 = Sibling Relationships	 CMD0015
15 = Relationships With People at College/Work	
16 = Life Events/Post-Traumatic Stress	CMD0016
17 = Relationships With Own Children/Other Children in Household	
18 = Relationship With Employer/Supervisor	<u>CMD001</u> 7
19 = Relationship With Colleagues/Co-	



PARENTAL RELATIONSHIPS - PARENT #1

A subject should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

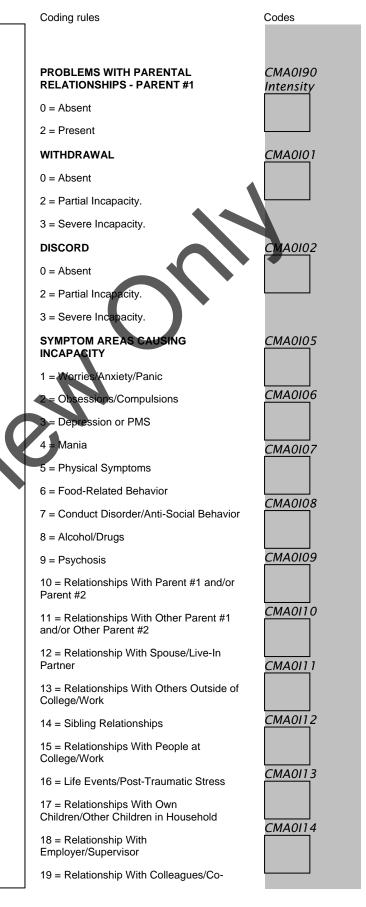
WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

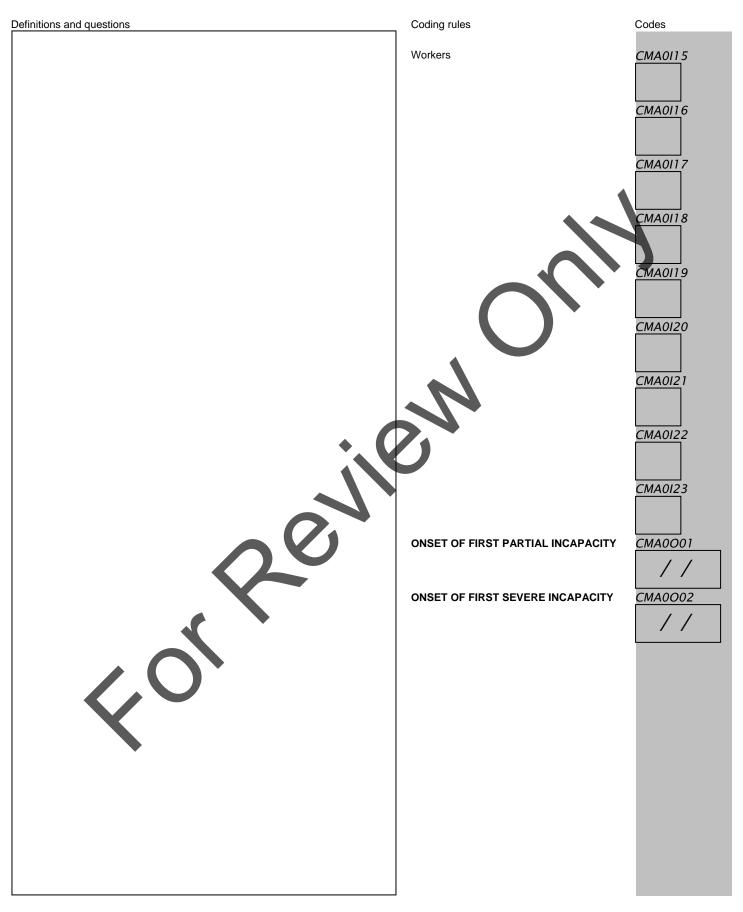
DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

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?





PARENTAL RELATIONSHIPS - PARENT #2

A subject should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

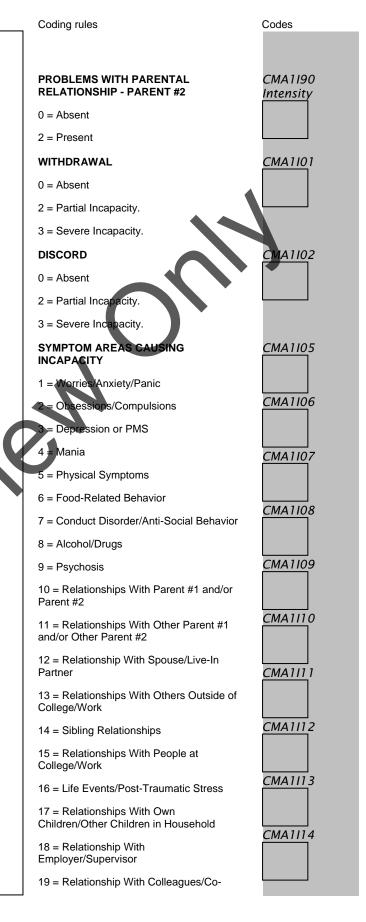
WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

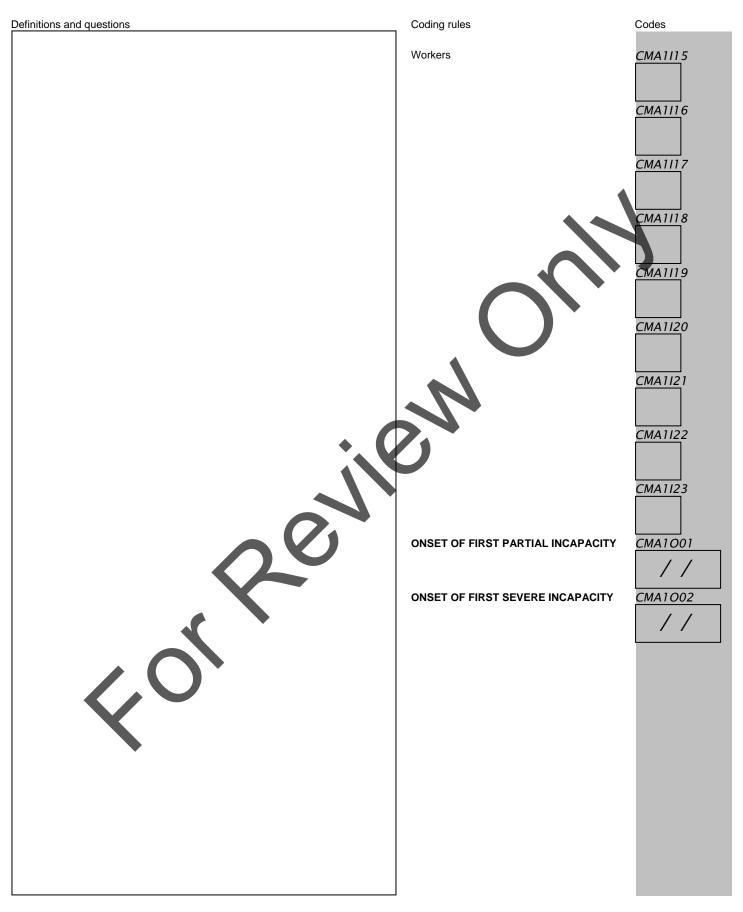
DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

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?





PARENTAL RELATIONSHIPS - OTHER PARENT #1

A subject should be able to maintain relationships with his/her parents that are relatively harmonious and capable of containing positive and nurturant communication. A change in the relationships, temporally associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

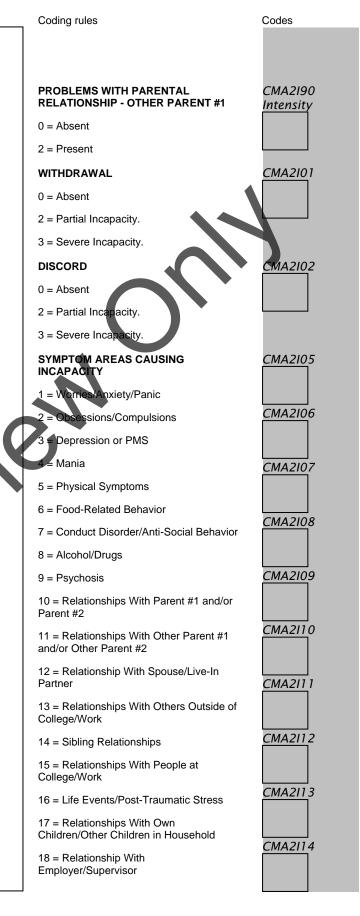
WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, parent.

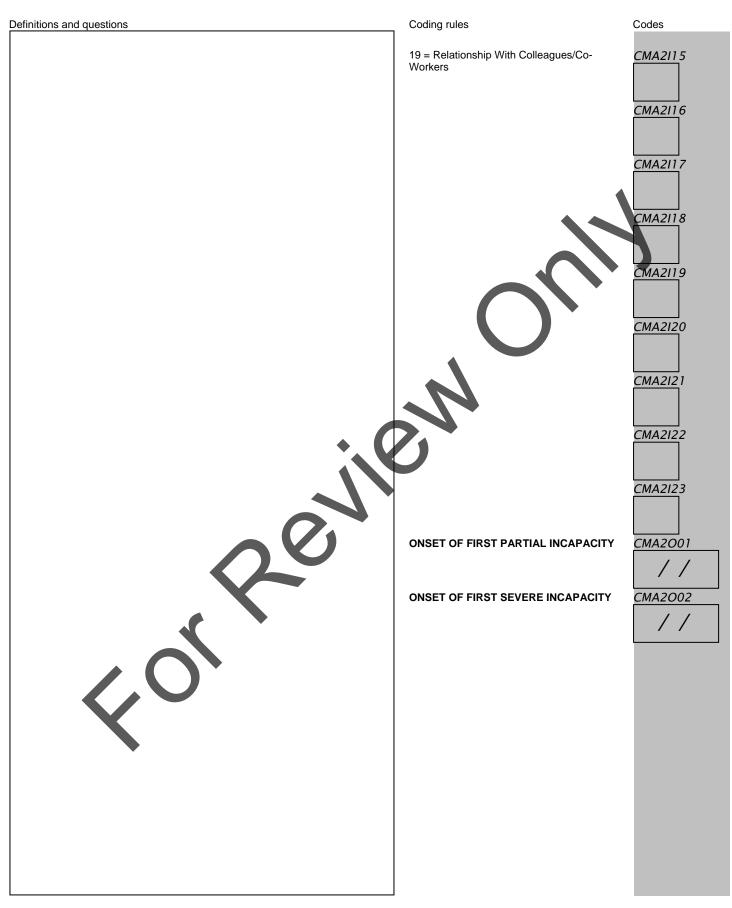
DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does it affect how you get along with "Other Parent #1"?

How?

What does s/he do about it? Does it cause any arguments? Can you tell me about the last time it did?





PARENTAL RELATIONSHIPS - OTHER PARENT #2

Subject 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"?

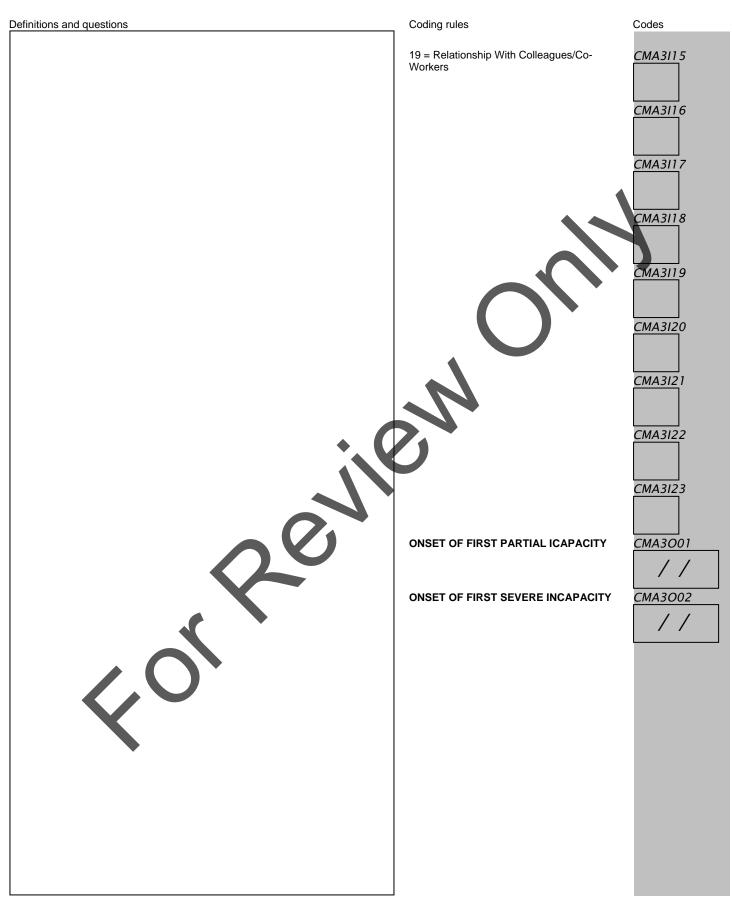
How?

What does 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?

	PROBLEMS WITH PARENTAL RELATIONSHIP - OTHER PARENT #2	CMA3I90 Intensity
	0 = Absent	
	2 = Present	
	WITHDRAWAL	СМАЗІ01
	0 = Absent	
	2 = Partial Incapacity.	
	3 = Severe Incapacity.	
	DISCORD	СМАЗІО2
	0 = Absent	
	2 = Partial Incapacity.	
	3 = Severe Incapacity.	
	SYMPTOM AREAS CAUSING	CMA3I05
	1 = Womes/Anxiety/Panic	
	2 = Obsessions/Compulsions	CMA3106
1	3 = Depression or PMS	
	4 = Mania	 CMA3I07
	5 = Physical Symptoms	
	6 = Food-Related Behavior	
	7 = Conduct Disorder/Anti-Social Behavior	CMA3108
	8 = Alcohol/Drugs	
	9 = Psychosis	СМАЗІ09
	10 = Relationships With Parent #1 and/or Parent #2	
	11 = Relationships With Other Parent #1 and/or Other Parent #2	CMA3I10
	12 = Relationship With Spouse/Live-In Partner	<u>CMA3I1</u> 1
	13 = Relationships With Others Outside of College/Work	
	14 = Sibling Relationships	CMA3112
	15 = Relationships With People at College/Work	
	16 = Life Events/Post-Traumatic Stress	CMA3I13
	17 = Relationships With Own Children/Other Children in Household	CMA 211 4
	18 = Relationship With Employer/Supervisor	CMA3I14

Coding rules

Codes



SIBLING RELATIONSHIPS: IN HOME

A subject should be able to live in reasonable harmony with sibling(s). 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, temporarily associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

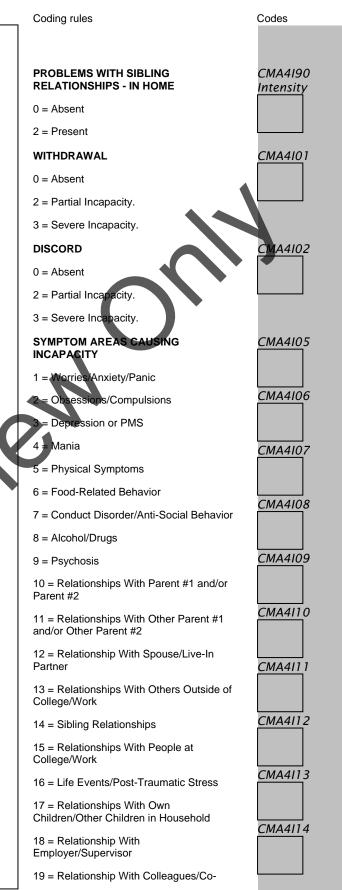
WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, sibling(s).

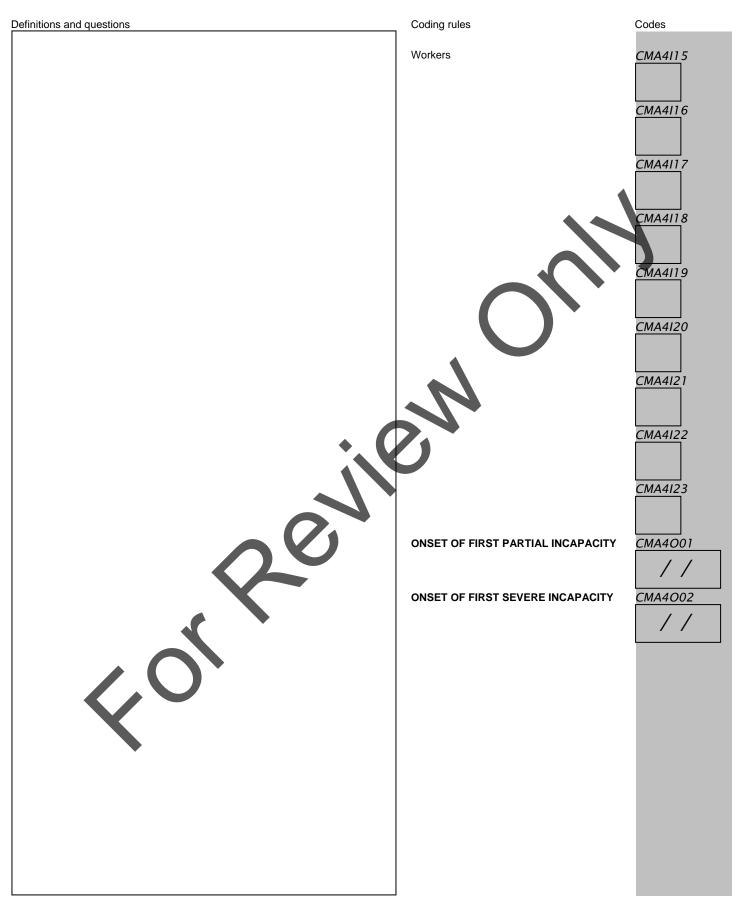
DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior.

Does it affect how you get along with your (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?





SIBLING RELATIONSHIPS: OUT OF HOME

A subject should be able to live in reasonable harmony with sibling(s). 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, temporarily associated with other symptomatology, should ordinarily be expected in order to rate incapacity.

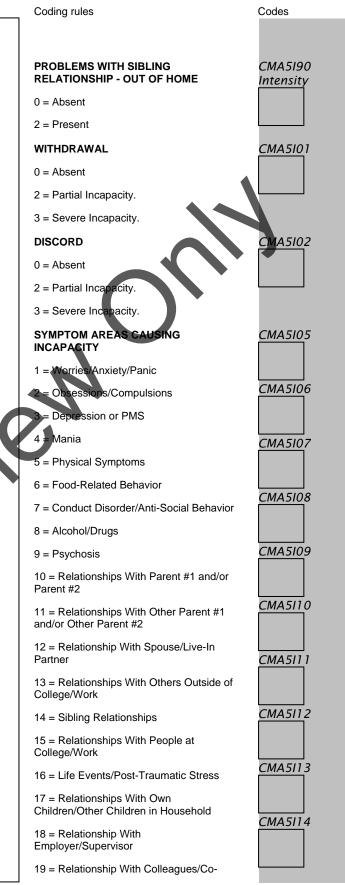
WITHDRAWAL: Incapacity involving refusal or inability to be involved with, or talk to, sibling.

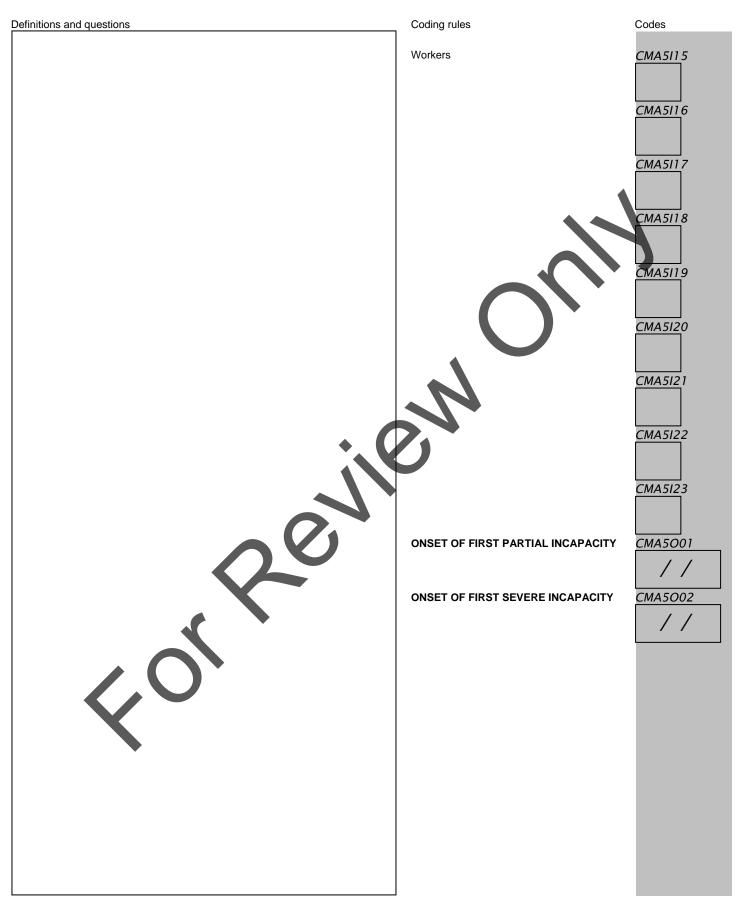
DISCORD: Incapacity involving aggression, arguments, fights, or disruptive behavior

Does it affect how you get along with your (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?





WORK RELATIONSHIPS: EMPLOYER/SUPERVISOR

Subject should be able to get along in reasonable harmony with his/her immediate supervisor or employer. A change in relationships, temporarily associated with other symptoms, should ordinarily be expected in order to rate incapacity.

WITHDRAWAL: Incapacity involving refusal or inability to follow instructions or carry out expected tasks ordered by employer/supervisor, or to interact harmoniously with him/her.

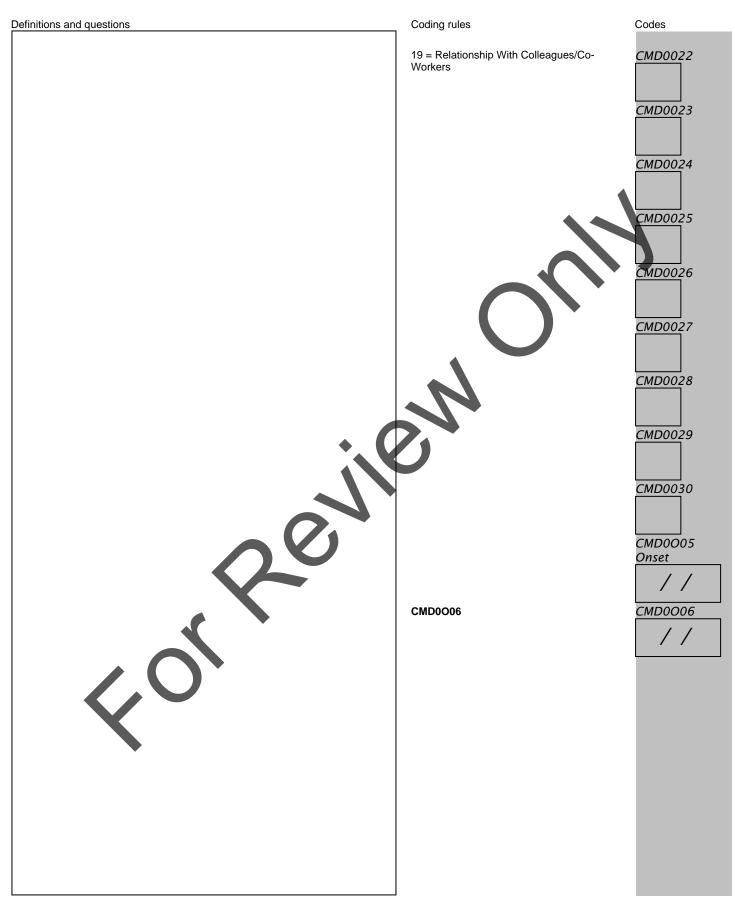
DISCORD: Incapacity involving arguments, violence, or disruptive behavior.

Does it affect how you get along with your employer/supervisor?

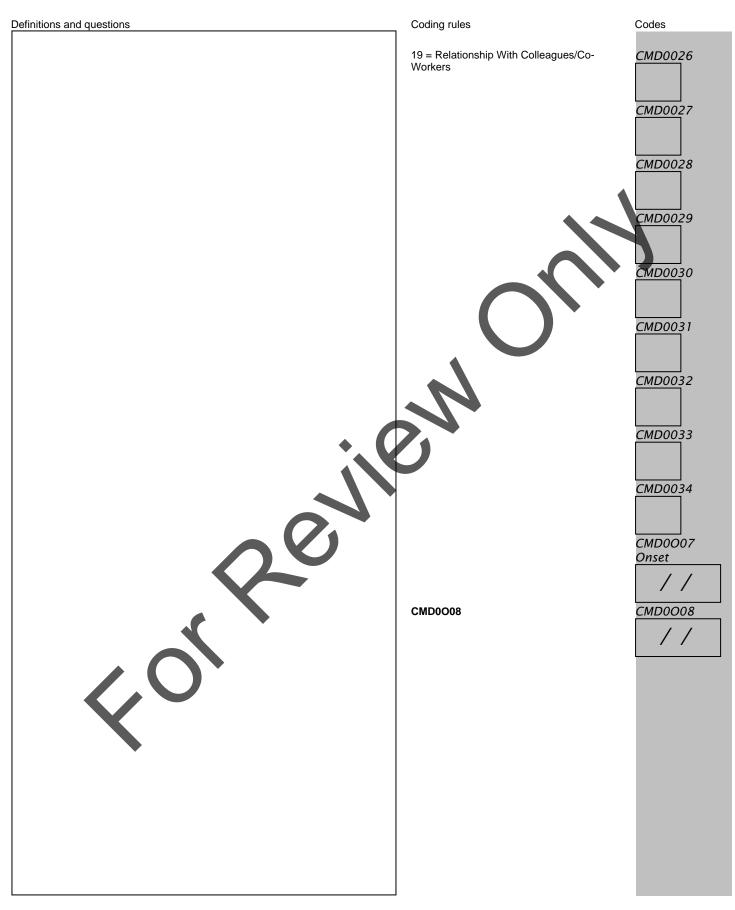
How?

What do you do? What does s/he do? Does it lead to fights or arguments? Can you tell me about the last time it did? Does it lead you to avoid one another? When did that start? Has it gotten worse at any time? When did that happen?

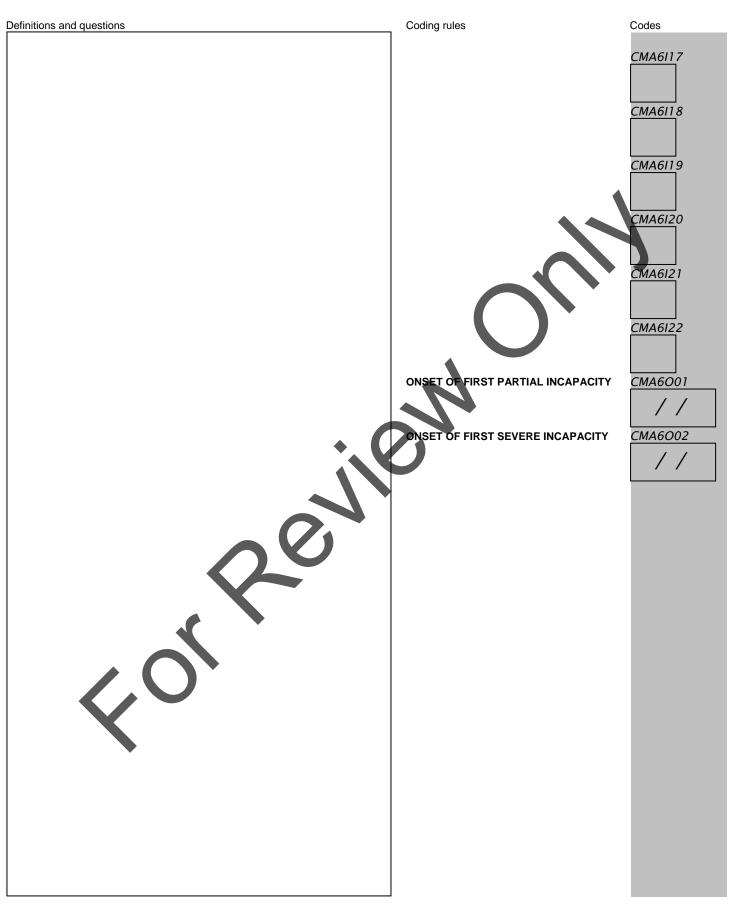
Coding rules	Codes
PROBLEM WITH EMPLOYER/SUPERVISOR	CMD0009 Intensity
0 = Absent	
2 = Present	
WITHDRAWAL	СМД0010
0 = Absent	
2 = Partial Incapacity.	
3 = Severe Incapacity.	
DISCORD	СМОООТТ
0 = Absent	
2 = Partial Incapacity.	
3 = Severe Incapacity.	
SYMPTOM AREAS CAUSING	<u>СМD0012</u>
1 = Worries/Anxiety/Panic	
2 = Obsessions/Compulsions	CMD0013
3 = Depression or PMS	
4 = Mania	<u></u> CMD0014
5 = Physical Symptoms	
6 = Food-Related Behavior	
7 = Conduct Disorder/Anti-Social Behavior	CMD0015
8 = Alcohol/Drugs	
9 = Psychosis	CMD0016
10 = Relationships With Parent #1 and/or Parent #2	
11 = Relationships With Other Parent #1 and/or Other Parent #2	CMD0017
12 = Relationship With Spouse/Live-In Partner	 CMD0018
13 = Relationships With Others Outside of College/Work	
14 = Sibling Relationships	CMD0019
15 = Relationships With People at College/Work	
16 = Life Events/Post-Traumatic Stress	<u>СМD0020</u>
17 = Relationships With Own Children/Other Children in Household	CMDCO21
18 = Relationship With Employer/Supervisor	СМD0021



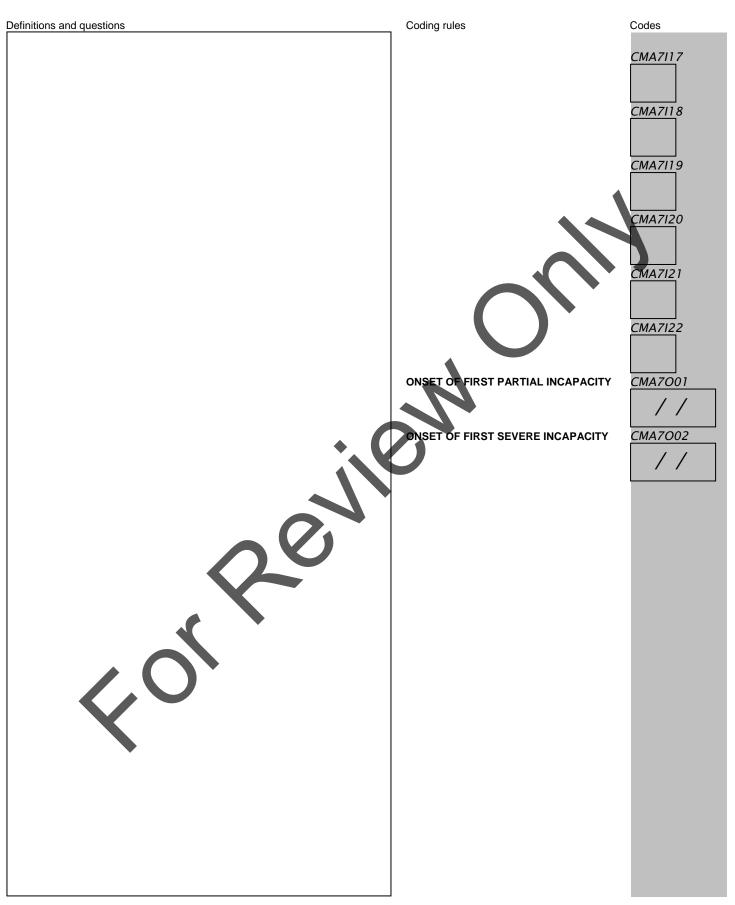
vvave P evapa 2.0.3		
Definitions and questions	Coding rules	Codes
WORK RELATIONSHIPS: COLLEAGUES/CO- WORKERS		
Subject should be able to work in reasonable harmony with colleagues or co-workers. A change in relationships temporarily associated with other symptoms should ordinarily be expected in order to rate incapacity.	PROBLEM WITH COLLEAGUES/CO- WORKERS	CMD0013 Intensity
	0 = Absent	
	2 = Present	
WITHDRAWAL: Incapacity involving inability or failure to	WITHDRAWAL	CMD0014
take his/her part in maintaining harmonious relations with colleagues/co-workers.	0 = Absent	
	2 = Partial Incapacity.	
DISCORD: Incapacity involving aggression, frequent arguments, violence, or threats of violence toward	3 = Severe Incapacity.	
colleagues/co-workers.	DISCORD	<u>СМD001</u> 5
Dess if affect how you set close with the poor la you	0 = Absent	
Does it affect how you get along with the people you work with?	2 = Partial Incapacity.	
How?	3 = Severe Incapacity.	
What do you do?	SYMPTOM AREAS CAUSING	<u>СМD001</u> 6
What do they do? Does it lead to fights or arguments?	INCAPACITY	
Can you tell me about the last time it did?	1 = Worries/Anxiety/Panic	 CMD0017
Does it lead you to avoid each other? When did you start to have problems with people you work	2 = Obsessions/Compulsions	
with?	3 = Depression or PMS	
Did it get worse at any time? When was that?	4 = Mania	CMD0018
	5 = Physical Symptoms	
	6 = Food-Related Behavior	<u>CMD001</u> 9
	7 = Conduct Disorder/Anti-Social Behavior	
	8 = Alcohol/Drugs	СМD0020
	9 = Psychosis	
	10 = Relationships With Parent #1 and/or Parent #2	
	11 = Relationships With Other Parent #1 and/or Other Parent #2	СМД0021
	12 = Relationship With Spouse/Live-In Partner	 CMD0022
	13 = Relationships With Others Outside of College/Work	
	14 = Sibling Relationships	CMD0023
	15 = Relationships With People at College/Work	
	16 = Life Events/Post-Traumatic Stress	CMD0024
	17 = Relationships With Own Children/Other Children in Household	 CMD0025
	18 = Relationship With Employer/Supervisor	



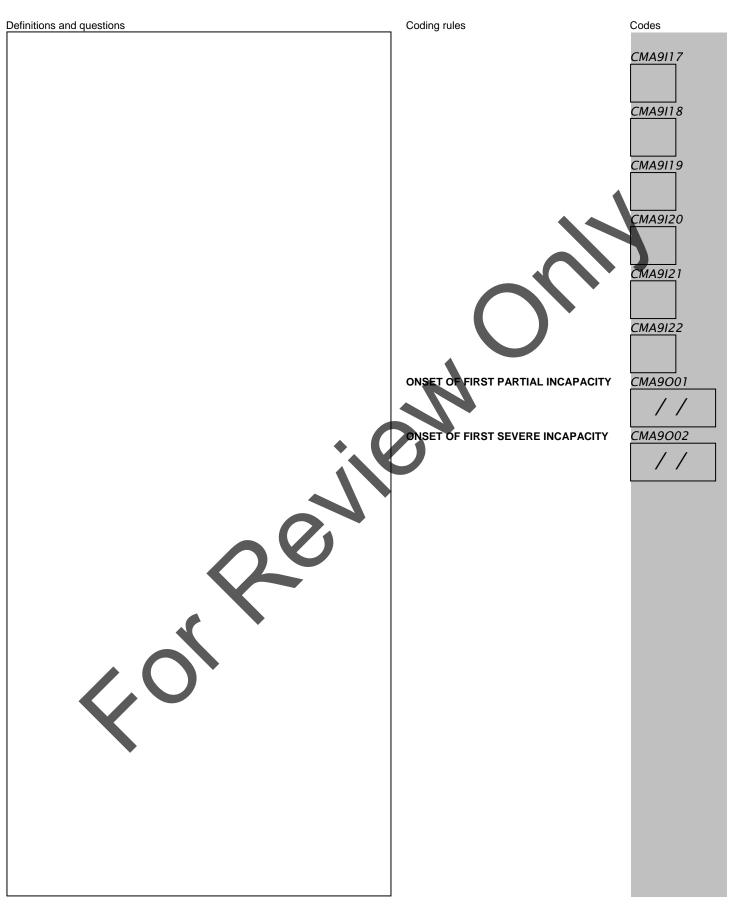
Definitions and questions Codes Coding rules SELF CARE PROBLEMS WITH SELF CARE CMA6I01 A subject should be able to keep him/herself clean and well-groomed to a degree consonant with his/her age. Intensity 0 = Absent 2 = Partial incapacity. The reduction in level of self-care must be marked enough to have led to visible or smellable changes, or to require 3 = Severe incapacity. unusual efforts by others to induce subject to maintain SYMPTOM AREAS CAUSING CMA6104 appearance. INCAPACITY What about keeping yourself clean and well-groomed? 1 = Worries/Anxiety/Panic Has that been affected at all? MA6105 2 = Obsessions/Compulsions Have you let up on how well you take care of your 3 = Depression or PMS appearance? 4 = Mania CMA6106 Do you care what others think about how you look or smell? 5 = Physical Symptoms How long has it been affected? 6 = Food-Related Behavior What is it that makes it hard for you to keep yourself clean CMA6107 7 = Conduct Disorder/Anti and neat? Social Behavior 8 = Alcohol/Drugs CMA6108 ationships With Parent #1 and/or Parent # CMA6109 Relationships With Other Parent #1 nd/or Other Parent #2 12 = Relationship With Spouse/Live-In Partner CMA6I10 13 = Relationships With Others Outside of College/Work CMA6I11 14 = Sibling Relationships 15 = Relationships With People at College/Work CMA6I12 16 = Life Events/Post-Traumatic Stress 17 = Relationships With Own Children/Other Children in Household CMA6I13 18 = Relationship With Employer/Supervisor 19 = Relationship With Colleagues/Co-CMA6I14 Workers CMA6115 CMA6I16



efinitions and questions	Coding rules	Codes
CHORES AND HOUSEWORK		
A subject should be able to perform reasonable household tasks."Reasonable" will vary depending upon whether the subject is a full-time homemaker, working outside the home, or living in a parental home. Remember that in most cases a decrement in ability or unwillingness to perform the tasks is required for an incapacity to be noted. What about the tasks you have to at home? Like chores or housework? Do you try to keep your place clean? Do you care if it gets trashy or nasty?	PROBLEMS WITH CHORES/HOUSEWORK 0 = Absent 2 = Partial incapacity. 3 = Severe incapacity. SYMPTOM AREAS CAUSING INCAPACITY 1 = Worries/Anxiety/Panic 2 = Obsessions/Compulsions	CMA7I01 Intensity CMA7I04 CMA7I05
Has it affected things that you need to do at home at all? In what way? Are there any things that you can't do properly or that	3 = Depression or PMS 4 = Mania 5 = Physical Symptoms	CMA7106
you've stopped doing because of (the way you've been feeling)?	6 = Food-Related Behavior 7 = Conduct Disorder/Anti-Social Behavior	 CMA7I07
<i>Would it make a difference if you didn't(have symptoms)?</i>	8 = Alcohol/Drugs 9 = Psychosis	 CMA7I08
What difference would it make? How do you know that it's(symptom)that causes the trouble? When did you start having difficulty with chores or housework because of "symptom(s)"?	 10 = Relationships With Parent #1 and/or Parent #2 11 = Relationships With Other Parent #1 and/or Other Parent #2 12 = Relationship With Spouse/Live-In Partner 	CMA7109
Was there a time when it became worse? If so, when?	13 = Relationships With Others Outside of College/Work	
	14 = Sibling Relationships 15 = Relationships With People at College/Work	CMA711 1
	16 = Life Events/Post-Traumatic Stress 17 = Relationships With Own Children/Other Children in Household	CMA7112
	18 = Relationship With Employer/Supervisor	CMA7I13
	19 = Relationship With Colleagues/Co- Workers	<u>CMA711</u> 4
		CMA7115
		CMA7116



Definitions and questions Coding rules Codes **LEAVING HOUSE** PROBLEMS WITH LEAVING HOUSE CMA9101 A subject should be able to leave his/her house without difficulty. Intensity 0 = Absent 2 = Partial incapacity. DO NOT CODE IF SUBJECT IS PHYSICALLY DISABLED OR CONFINED TO THE HOUSE BECAUSE OF CARING 3 = Severe incapacity. FOR A BABY OR INVALID. SYMPTOM AREAS CAUSING CMA9104 INCAPACITY Does...(symptom)...make it hard for you to leave the house? 1 = Worries/Anxiety/Panic MA9105 2 = Obsessions/Compulsions Does it make you unwilling or unable to go places to do the things you need or want to do? 3 = Depression or PMS When did that start? 4 = Mania CMA9106 Did it get worse at any time? If so, when? 5 = Physical Symptoms 6 = Food-Related Behavior CMA9107 7 = Conduct Disorder/Ant Social Behavior 8 = Alcohol/Drugs CMA9108 ationships With Parent #1 and/or Parent # CMA9109 Relationships With Other Parent #1 nd/or Other Parent #2 12 = Relationship With Spouse/Live-In Partner CMA9I10 13 = Relationships With Others Outside of College/Work CMA9I11 14 = Sibling Relationships 15 = Relationships With People at College/Work CMA9I12 16 = Life Events/Post-Traumatic Stress 17 = Relationships With Own Children/Other Children in Household CMA9113 18 = Relationship With Employer/Supervisor 19 = Relationship With Colleagues/Co-CMA9114 Workers CMA9115 CMA9I16



SCHOOL/COLLEGE LIFE - PERFORMANCE

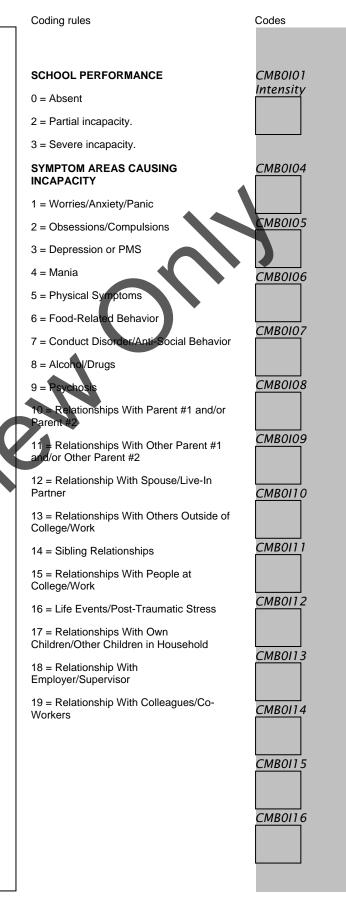
Deterioration in class work or a decrease in relative performance (as shown by worsening grades) or a notable drop in class position are considered to be evidence of incapacity. A description of things that the subject used to be able to do but can do no longer is required for a rating here; do not include subjects whose low intelligence limits their ability to perform school work and have, therefore, always had poor results.

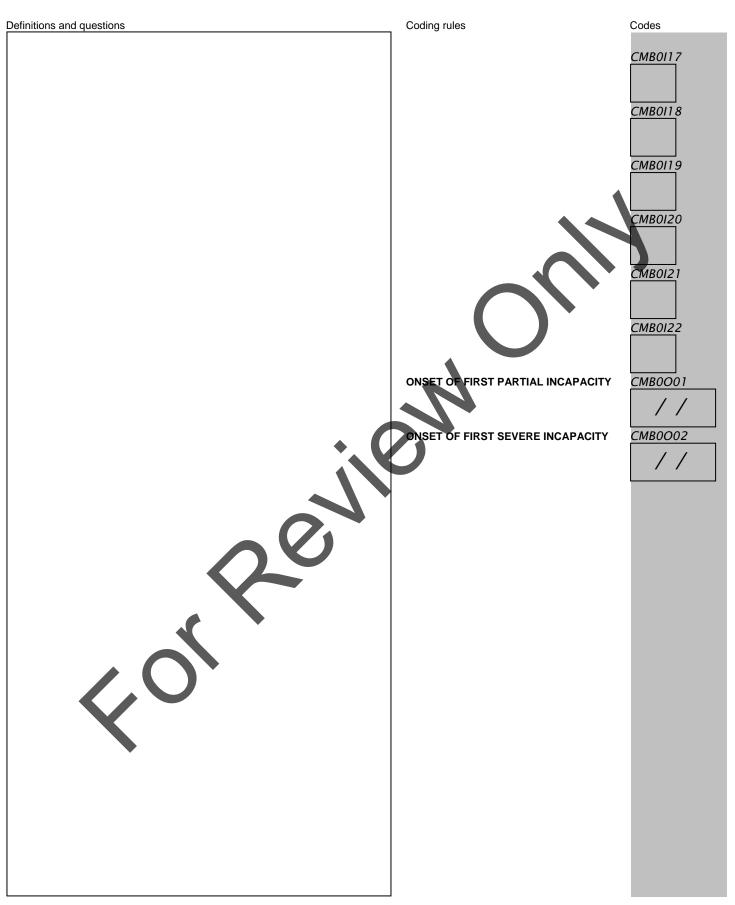
What about at school or college, does it affect how you get along there?

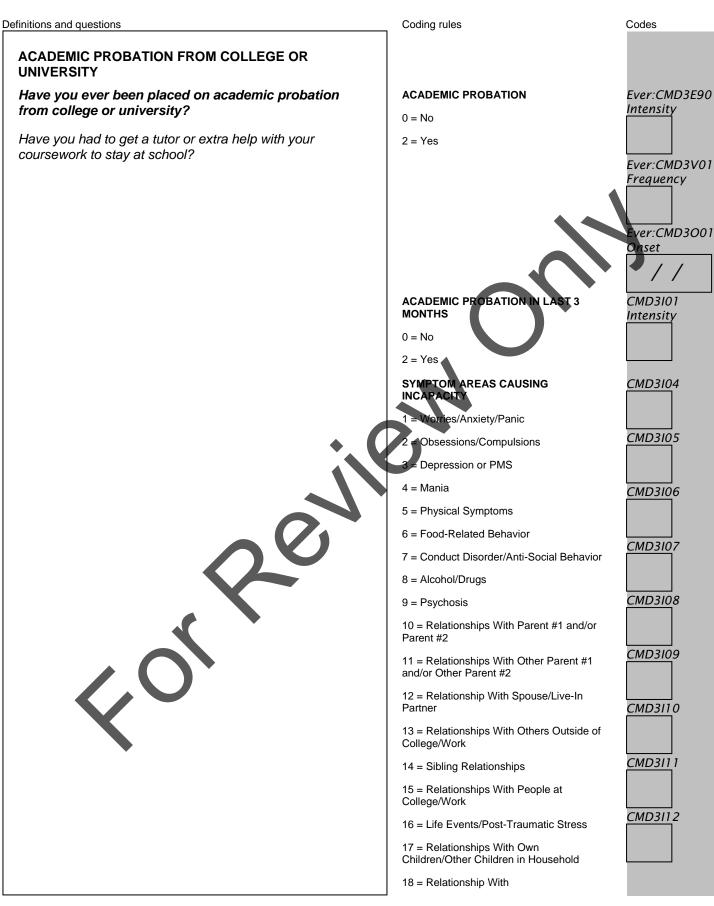
Or affect how well you can do your coursework?

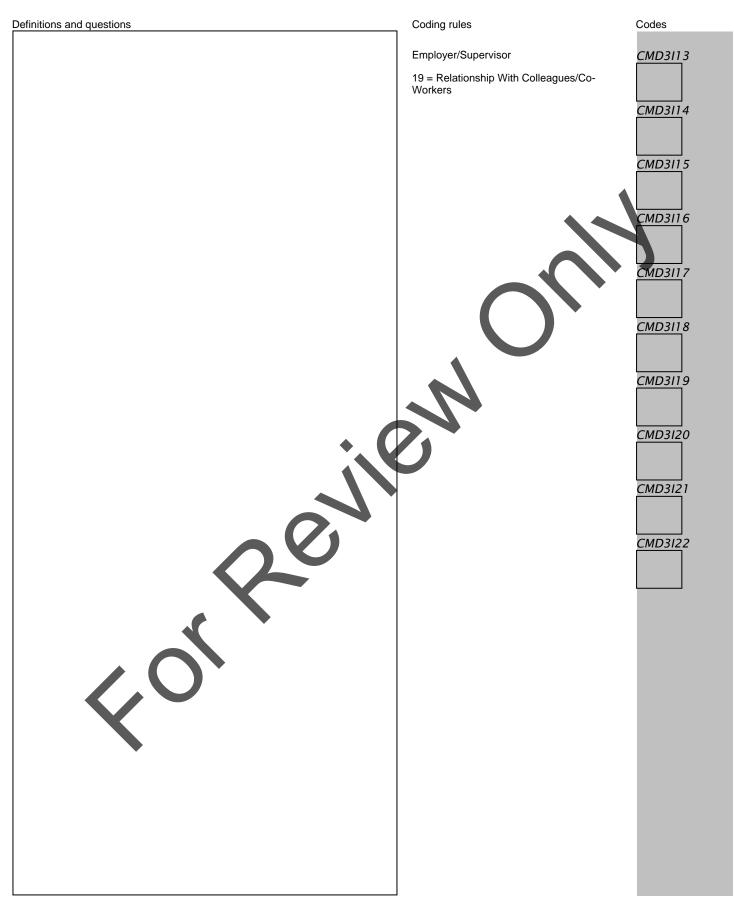
Have your grades suffered? How has it affected you at school or college? Can you tell me about the last time that it did?

When did that start? Did it get worse at any time? When was that?









INSTRUCTOR/PROFESSOR RELATIONSHIPS

A deterioration in a subject's relationships with his/her instructors/professors is regarded as an incapacity. The need to use increasing levels of disciplinary action, or a withdrawal from contact with instructor or professor with whom the subject has previously had good relationships, is evidence of disturbance here.

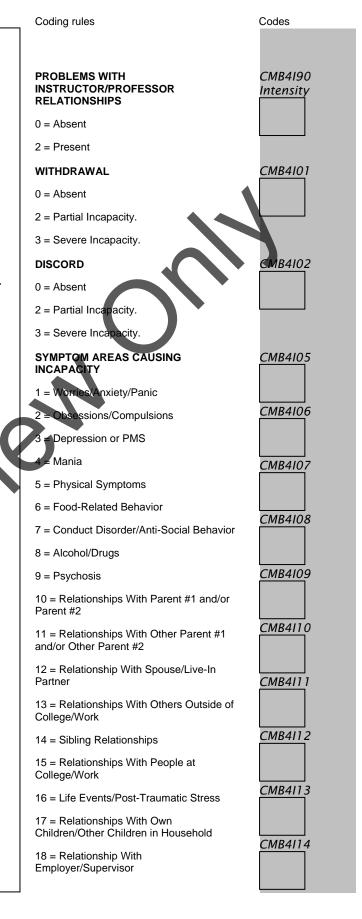
WITHDRAWAL: Incapacity involving refusal or inability to be involved with or talk to instructors/professors.

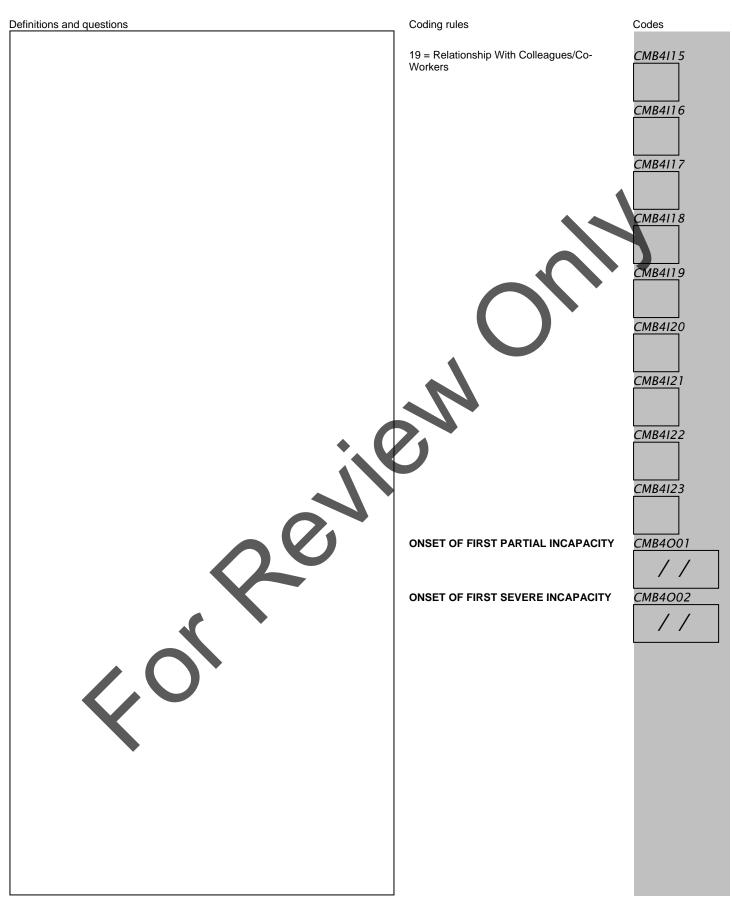
DISCORD: Incapacity involving aggression, arguments, fights or disruptive behavior.

Does it affect how you get along with the instructors or professors?

Have you had any arguments or fights with them? Are there any of them that you avoid? How have your relationships with intructors or professors been affected? Can you tell me about the last time that it did?

When did that start? Did it get worse at any time? When was that?





PEER RELATIONSHIPS AT SCHOOL/COLLEGE

Subjects should be able to form mutually interested relationships and to undertake activities together (chatting and hanging-out 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.

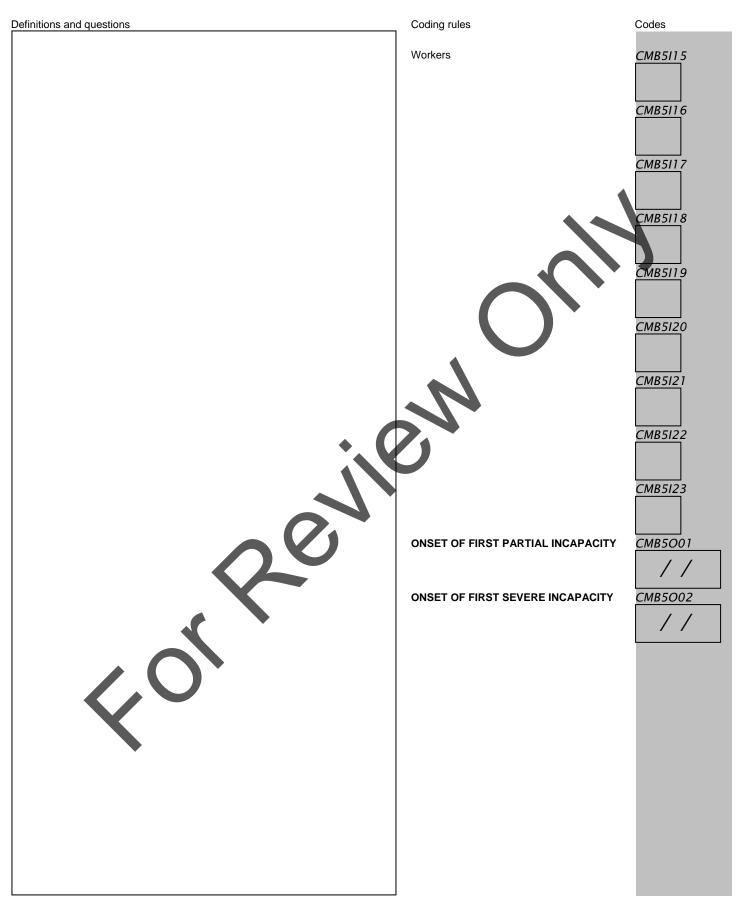
What about how you get along with others your age at school; does it affect that?

What about your friends at school?

Has it made you see your 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?

When did that start? Did it become worse at any time? If so, when?

_	Coding rules	Codes
	PROBLEMS WITH PEER RELATIONSHIPS AT SCHOOL/COLLEGE	CMB5I90 Intensity
	0 = Absent	
	2 = Present	
	WITHDRAWAL	CMB5101
	0 = Absent	
	2 = Partial Incapacity.	
	3 = Severe Incapacity.	
	DISCORD	CMB5102
	0 = Absent	
	2 = Partial Incapacity.	
	3 = Severe Incapacity.	
	SYMPTOM AREAS CAUSING INCAPACITY	CMB5105
	1 = Worries/Anxiety/Panic	
	2 = Obsessions/Compulsions	CMB5I06
	3 = Depression or PMS	
	4 = Mania	CMB5107
	5 = Physical Symptoms	
	6 = Food-Related Behavior	CMB5108
	7 = Conduct Disorder/Anti-Social Behavior	
	8 = Alcohol/Drugs	
	9 = Psychosis	CMB5109
	10 = Relationships With Parent #1 and/or Parent #2	
	11 = Relationships With Other Parent #1 and/or Other Parent #2	CMB5I10
	12 = Relationship With Spouse/Live-In Partner	<u>CMB5I1</u> 1
	13 = Relationships With Others Outside of College/Work	
	14 = Sibling Relationships	CMB5112
	15 = Relationships With People at College/Work	
	16 = Life Events/Post-Traumatic Stress	CMB5113
	17 = Relationships With Own Children/Other Children in Household	
	18 = Relationship With Employer/Supervisor	CMB5I14
	19 = Relationship With Colleagues/Co-	



SPARE TIME ACTIVITIES

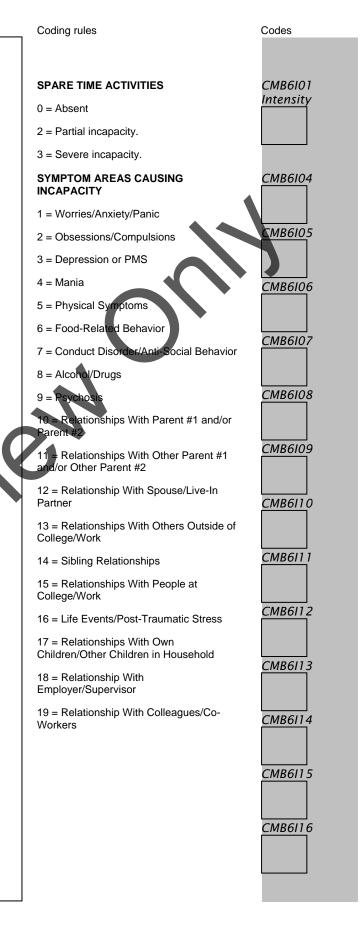
Normal out of school/work activities should be reduced by at least one third and to a degree outside their normal range of variation. Care should be taken to ensure that the subject has not lost interest in an activity for no particular reason. That is to say that the reduction in involvement must clearly be a response to some symptomatology.

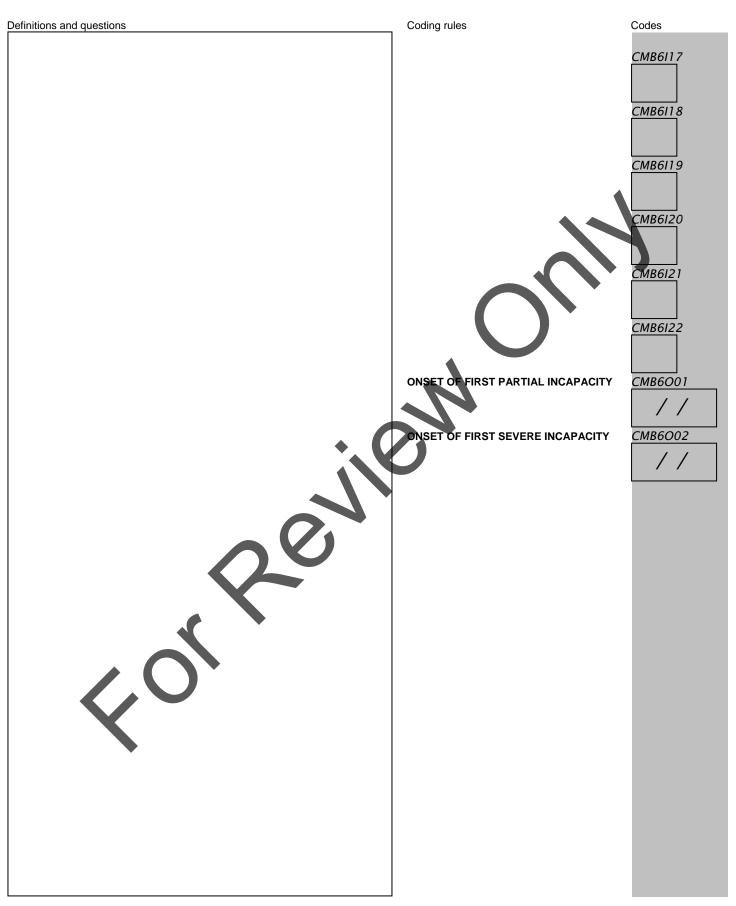
Does it affect what you do in your spare time?

For example, has it made it difficult to (refer to subject's interests/hobbies/leisure activities)?

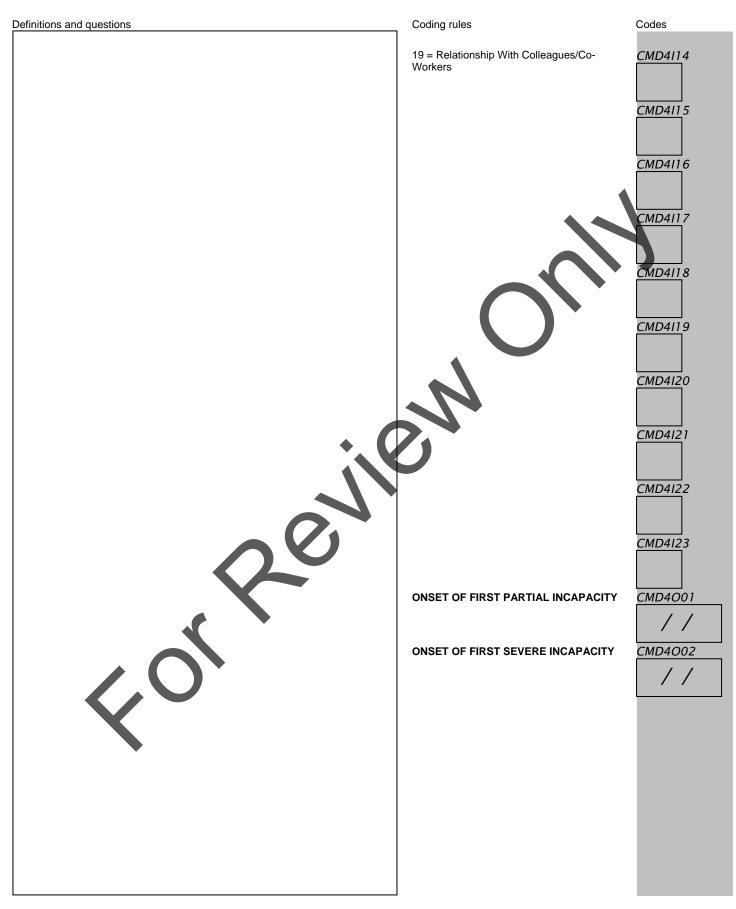
Do you have any spare time activities? Do you find that you are doing less of the things you used to enjoy?

When did that start? Did it get worse at any time? When was that?

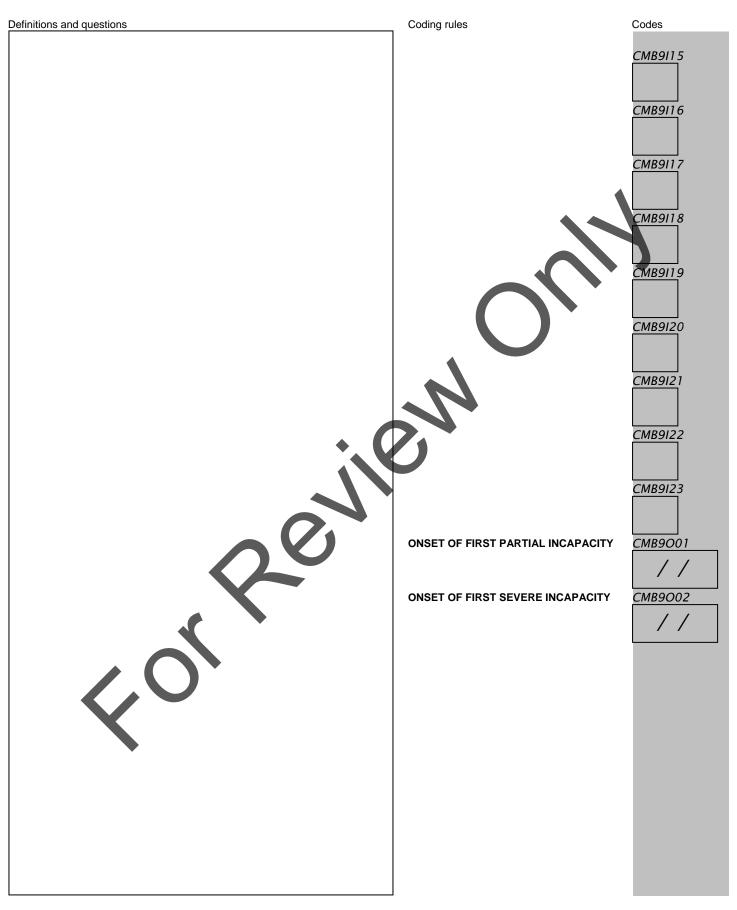




Definitions and questions Coding rules Codes **RELATIONSHIPS WITH PEOPLE IN SPARE** TIME ACTIVITIES PROBLEMS WITH RELATIONSHIPS CMD4190 Both withdrawal from such relationships and disturbances WITH PEOPLE IN SPARE TIME Intensity of their harmony are evidence to be kept in mind for the ACTIVITIES purposes of a rating here. 0 = AbsentWITHDRAWAL: Incapacity involving refusal or inability to 2 = Present be involved with or talk to peers and other adults. WITHDRAWAL CMD4101 DISCORD: Incapacity involving aggression, arguments, 0 = Absent fights or disruptive behavior. 2 = Partial Incapacity. Does it affect how you get along with other people 3 = Severe Incapacity. outside the home, college, or work? DISCORD CMD4102 Like at clubs or the gym, or at church or community 0 = Absent activities? 2 = Partial Incapacity. Who? How? 3 = Severe Incapacity Can you tell me about the last time that it did? SYMPTOM AREAS CAUSING CMD4105 Has it made you see less of other people? INCAPACIT Or try to avoid them? Or do they treat you differently? Worries/Anxiety/Panic Why? CMD4106 Obsessions/Compulsions When did that start? Depression or PMS 3 Did it become worse at any time? 4 – Mania When? CMD4107 5 = Physical Symptoms 6 = Food-Related Behavior CMD4108 7 = Conduct Disorder/Anti-Social Behavior 8 = Alcohol/Drugs CMD4109 9 = Psychosis 10 = Relationships With Parent #1 and/or Parent #2 CMD4I10 11 = Relationships With Other Parent #1 and/or Other Parent #2 12 = Relationship With Spouse/Live-In Partner CMD4111 13 = Relationships With Others Outside of College/Work CMD4112 14 = Sibling Relationships 15 = Relationships With People at College/Work CMD4113 16 = Life Events/Post-Traumatic Stress 17 = Relationships With Own Children/Other Children in Household 18 = Relationship With Employer/Supervisor

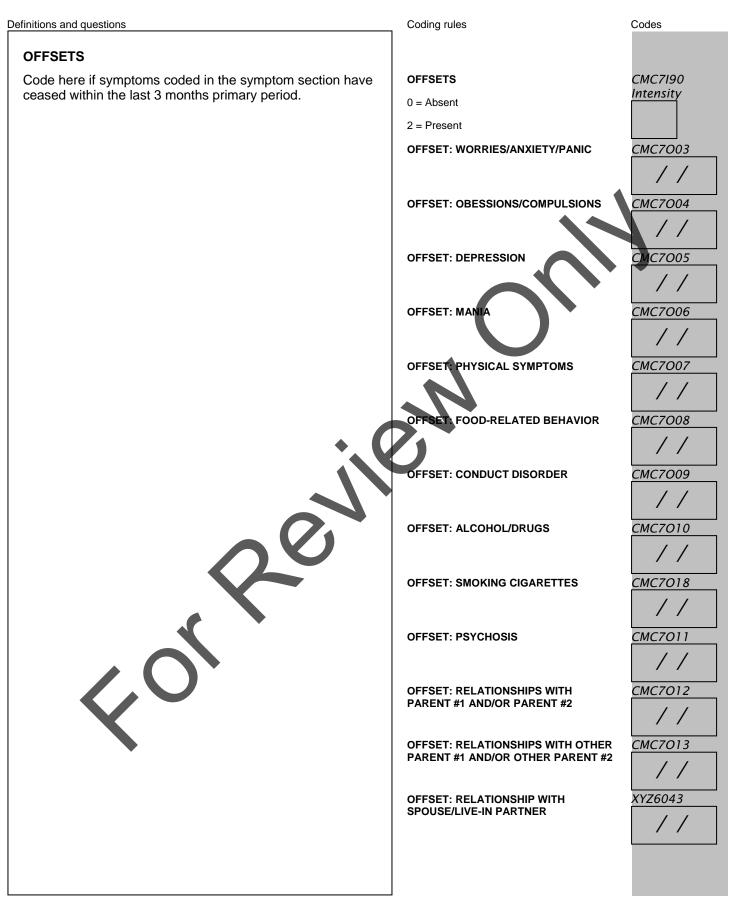


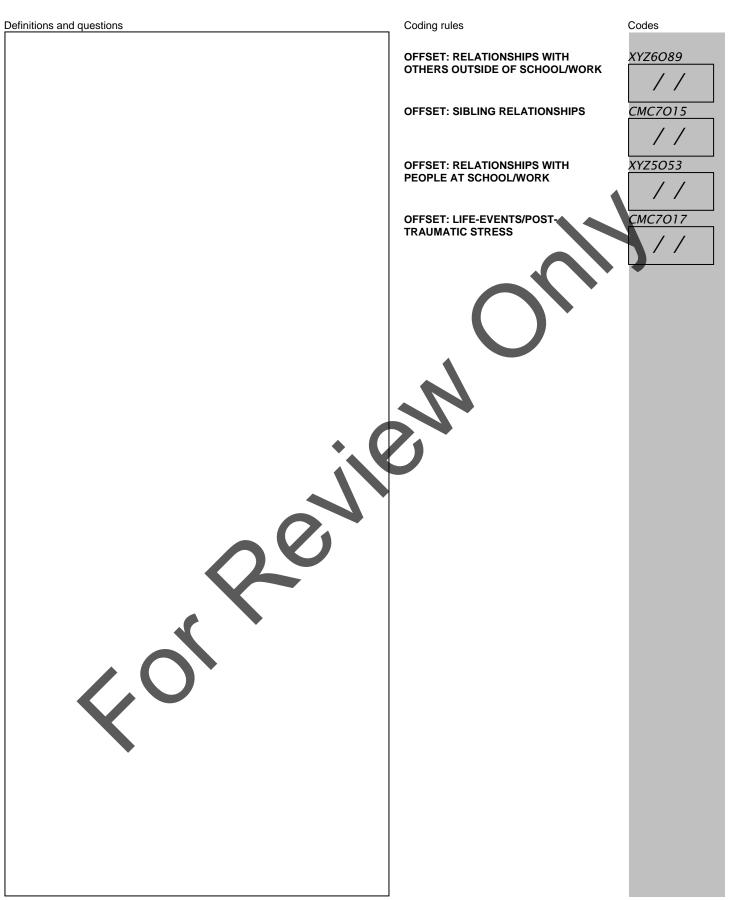
Definitions and questions Coding rules Codes **EMPLOYMENT** PROBLEMS WITH EMPLOYMENT The perfomance of the job must actually be substandard to CMB9190 some degree. It is not enough that the subject should Intensity 0 = Absent simply describe it as being more difficult or tiring. 2 = Present Include the situation in which the subject lost a job, given WITHDRAWAL CMB9101 up working, or has not had a job because of 0 = Absent symptomatology, including drug use. 2 = Partial Incapacity. Do you have a job? 3 = Severe Incapacity. If not, is that because of a full schedule at college or DISCORD MB9102 university? 0 = AbsentHave you tried to get a job? Would you like to be working? 2 = Partial Incapacity Has "symptom(s)" affected your ability or desire to work at 3 = Severe Incapacity. all? SYMPTOM AREAS CAUSING CMB9105 When did "symptom(s)" start causing problems with INCAPACITY employment? 1 = Worries/Anxiety/Panic Did it become worse at any time? If so, when? CMB9106 ssions/Compulsions 2 Depression or PMS Mania CMB9107 Physical Symptoms 6 = Food-Related Behavior CMB9108 7 = Conduct Disorder/Anti-Social Behavior 8 = Alcohol/Drugs CMB9109 9 = Psychosis 10 = Relationships With Parent #1 and/or Parent #2 СМВ9110 11 = Relationships With Other Parent #1 and/or Other Parent #2 12 = Relationship With Spouse/Live-In СМВ9111 Partner 13 = Relationships With Others Outside of College/Work CMB9I12 14 = Sibling Relationships 15 = Relationships With People at College/Work СМВ9113 16 = Life Events/Post-Traumatic Stress 17 = Relationships With Own Children/Other Children in Household CMB9114 18 = Relationship With Employer/Supervisor 19 = Relationship With Colleagues/Co-Workers



efinitions and questions	Coding rules	Codes
MEDICATION		
Any medication prescribed by a medical practitioner (either	MEDICATION	СМС0190
mainstream or alternative) or given by parents or guardian. Do not include analgesics taken less than once per week	0 = Absent	Intensity
for sporadic headaches, etc. However, such drugs should	2 = Present	
be included if they are taken more regularly than this.	MINOR TRANQUILIZERS/SEDATIVES	СМСОЮ1
Note: Type and daily dose if known for any medication	0 = No	
mentioned.	2 = Yes	
Are you on any medication?	BEGINNING OF MINOR TRANQUILIZERS/SEDATIVES	смсооо1
Do you take any prescriptions, like for depression,	TREATMENT	
anxiety, or mood?	ANTI-PSYCHOTICS/MAJQR	СМС1101
Or anything suggested by your doctor, either over-the-	TRANQUILIZERS	
counter or alternative?	0 = No	
What?	2 = Yes	
What is that?	BEGINNING OF ANTI- PSYCHOTICS/MAJOR TRANQUILIZERS TREATMENT	СМС1001
	STIMULANTS	<u>CMC2I01</u>
+. (0=No 2=Yes	
	BEGINNING OF STIMULANTS TREATMENT	смс2001
	ANTIDEPRESSANTS	СМС3101
	0 = No	
	2 = Yes	
	BEGINNING OF ANTIDEPRESSANTS TREATMENT	смсзоот
	LITHIUM	CMC4I01
	0 = No	
	2 = Yes	
	BEGINNING OF LITHIUM TREATMENT	СМС4001
		11
	ANTICONVULSANTS	CMC5I01
	0 = No	
	2 = Yes	
]	

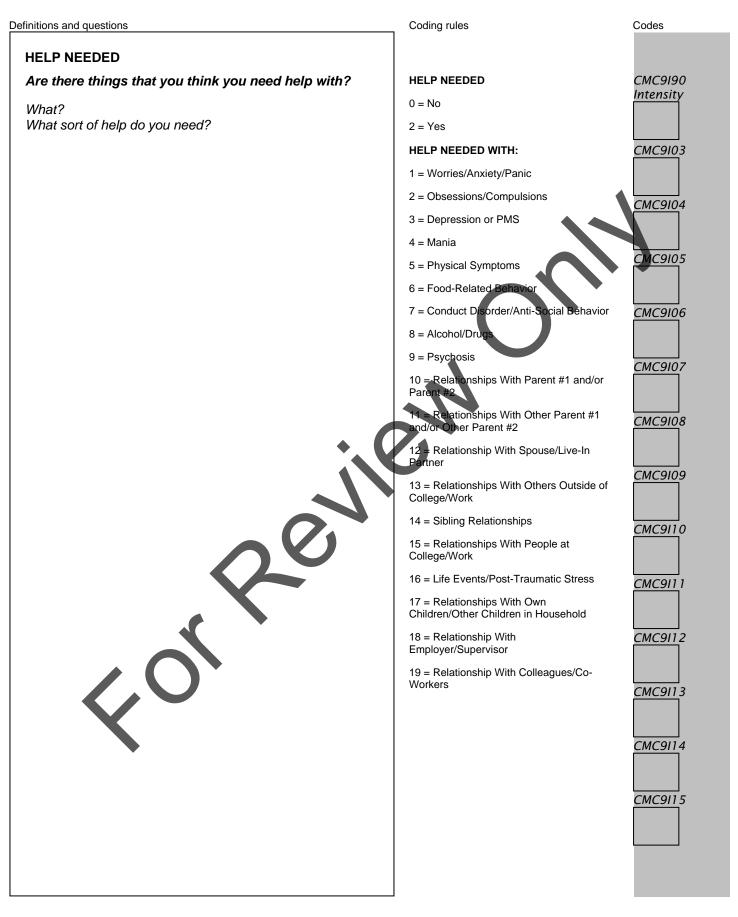
Definitions and questions	Coding rules	Codes
	BEGINNING OF ANTICONVULSANTS TREATMENT	смс5001
	OTHER	СМС6101
	0 = No	
	2 = Yes	
	Specify	
	BEGINNING OF TREATMENT	смс6001
	N	
• 0		
~ 0		

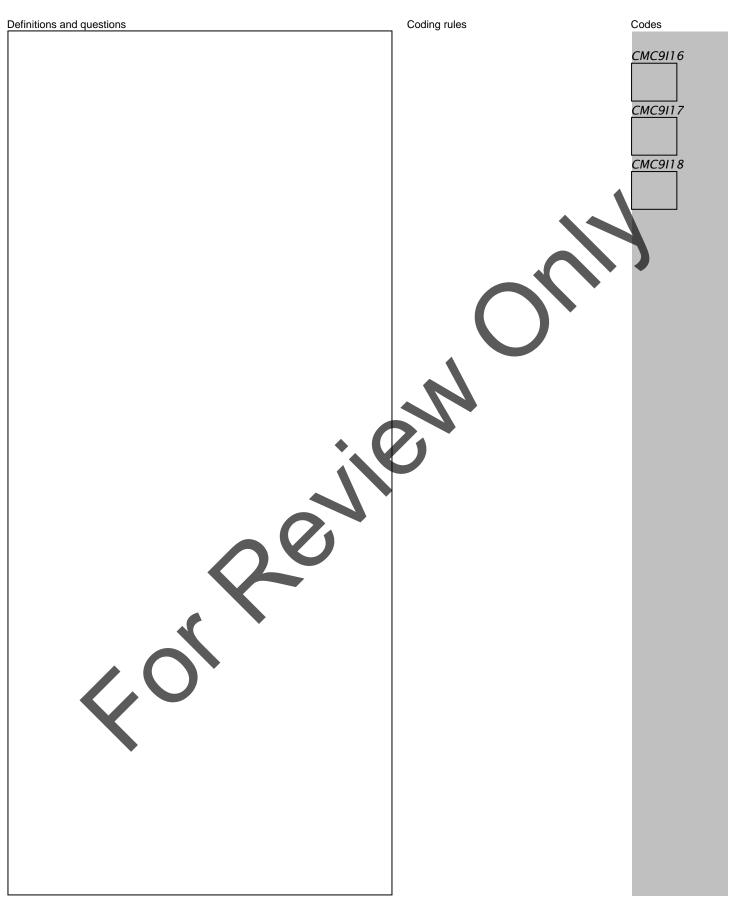




Definitions and questions	Coding rules	Codes
ENDING THE INTERVIEW PERCEPTION OF PROBLEMS		
We have covered quite a lot of ground, but is there anything that worries you, or causes you problems, that I haven't asked about? What? Tell me a bit about that. You have told me about many different things; do you think that any of them are problems for you?	PERCEPTION OF PROBLEMS 0 = No 2 = Yes PROBLEMS WITH: 1 = Worries/Anxiety/Panic	CMC8I90 Intensity CMC8I03
	 2 = Obsessions/Compulsions 3 = Depression or PMS 4 = Mania 5 = Physical Symptoms 6 = Food-Related Behavior 7 = Conduct Disorder/Anti-Social Behavior 	CMC8104 CMC8105 CMC8106
	 8 = Alcohol/Drugs 9 = Psychosis 10 = Relationships With Parent #1 and/or Parent #2 11 = Relationships With Other Parent #1 and/or Other Parent #2 12 = Relationship With Spouse/Live-In 	CMC8107 CMC8108
	Partner 13 = Relationships With Others Outside of College/Work 14 = Sibling Relationships 15 = Relationships With People at College/Work 16 = Life Events/Post-Traumatic Stress	CMC8109 CMC8110 CMC8111
	 17 = Relationships With Own Children/Other Children in Household 18 = Relationship With Employer/Supervisor 19 = Relationship With Colleagues/Co- Workers 	CMC8I12 CMC8I13
•		CMC8114 CMC8115







OBSERVATIONAL ITEMS Complete this section with glossary definitions following interview. PHONE INTERVIEW

Interview was conducted over the telephone; therefore, no observations

Was the interview conducted over the telephone?

TELEPHONE INTERVIEW CONDUCTED; THEREFORE, NO OBSERVATIONS IF TELEPHONE INTERVIEW PRESENT, SKIP TO "QUALITY OF INTERVIEW", (PAGE 14).

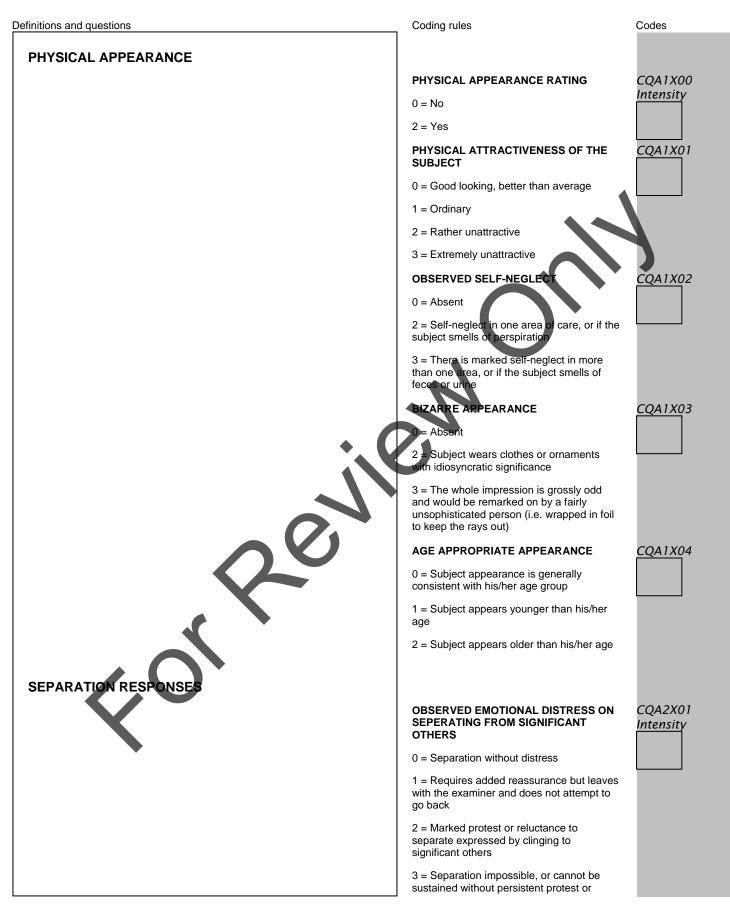
Ducted;

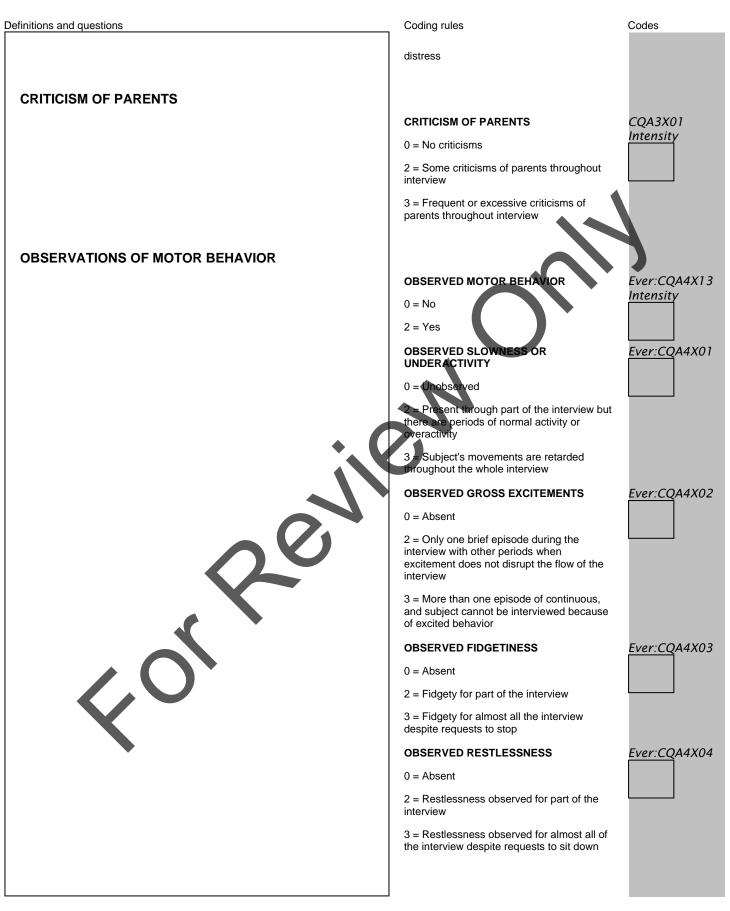
Coding rules

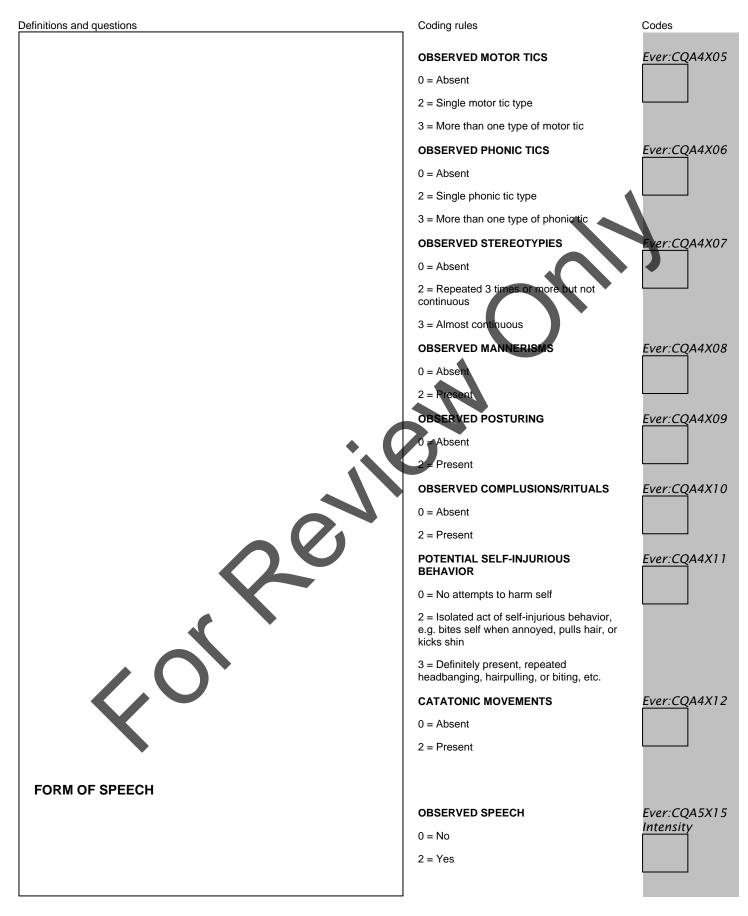
Codes

Ever:OVA1101

Intensity







Coding rules

LOUD SPEECH

0 = Normal speech volume

2 = Speech too loud for the context at times, but the subject responds when asked to speak more quietly

3 = Speech too loud for most of the interview, despite requests to speak more quietly

SOFT SPEECH

0 = Normal speech volume

2 = Speech so soft it is difficult to hear, but the subject responds when asked to speup

3 = Speech almost impossible to hear for most of the interview despite requests to speak up

SLOWNESS OF SPEECH

0 = Absen

2 = Noteworthy slowness in answer to questions on emotionally loaded topics that pedes the progress of the interview

Severe slowness shown throughout the interview that interferes with progress of the rview

MUTENESS

in

0 = Absent

2 = Subject is almost mute, very rarely speaks, and then almost always in monosyllables (a mute subject may talk a lot outside the context of the interview)

3 = Subject utters no words at all

PRESSURE OF SPEECH

0 = Absent

2 = Only parts of the interview are characterized in this way, or if only some of the characteristics are evident but not others (although the whole impression is definitely abnormal)

3 = Most of the interview is characterized in this way

ARTICULATION

0 = Clear enunciation of most sounds attempted; the subject is easy to understand

2 = Can be understood but has specific or limited articulation difficulty (make a note of what the difficulty is)

3 = Marked difficulty in understanding the



Ever:CQA5X04

Ever:CQA5X06



:,C

Ever:CQA5X03

Ever:CQA5X02

Codes

Ever:CQA5X01

 Coding rules	Codes
subject's speech because of articulation difficulty	
STUTTER	<u>Ever:CQ</u> A5X07
0 = Absent	
2 = Stuttering does not slow the overall flow of conversation	
3 = Stuttering slows the overall flow of conversation	
CLUTTER	<u>Ever:CQ</u> A5X08
0 = Absent	
2 = Present, but not markedly interfering with communication, i.e. does not slow the progress of the interview	•
3 = Causing marked interference with communications; slows the interview	
PROSODY	Ever:CQA5X09
0 = Normally and appropriately varying intonation	
2 = Little variation in pitch and tone; rather stilted or exaggerated rhythm, but not obviously peculiar to the layman	
3 = Odd intonation, or inappropriate pitch and emphasis, or markedly stilted or exaggerated cadence	
STEREOTYPED PHRASES	<u>Ever:CQ</u> A5X10
0 = Rarely or never uses stereotyped phrases	
1 = The majority of speech is spontaneous but some stereotyped phrases	
2 = Frequent stereotyped utterances, but some productive language as well	
3 = Almost all speech consists of stereotyped phrases	
INCOHERENCE OF SPEECH	Ever:CQA5X11
0 = Absent	
2 = A lesser degree of incoherence, so that some of the subject's meaning does get through	
3 = The subject's speech is completely incoherent, as in the above examples	
OBJECTIVE FLIGHT OF IDEAS	Ever:CQA5X12
0 = Absent	
2 = Flight of ideas is marked but it is still possible to grasp some of the subject's meaning	
3 = The whole conversation is of this kind,	

7

Definitions and questions Codes Coding rules so that it is difficult to conduct a useful interview at all POVERTY OF CONTENT OF SPEECH Ever:CQA5X13 0 = Absent 2 = Vagueness confined to specific topics; these may often be emotionally laden 3 = Vagueness present throughout the interview Ever:CQA5X14 SELF-DIRECTED SPEECH 0 = Absent 2 = Definitely present but not a marked feature of the interview (limited period or limited range of topics) 3 = A marked feature of the interview (in which case the interview is likely to be incomplete) SOCIAL USE OF LANGUAGE AND SOCIAL INTERACTION SERVED SOCIAL USE OF Ever:CQA6X20 GUAGE AND INTERACTION Intensity Yes **PROVISION OF INFORMATION** Ever:CQA6X01 0 = Gives a reasonable account without specific probes after the opening question 2 = Information restricted to response to specific probes only at the start of the interview but warms up or gives much fuller replies to open questions later 3 = Subject never produces a free flow of information **RECIPROCAL SOCIAL** Ever:CQA6X02 COMMUNICATION 0 = Extensive use of verbal or non-verbal behavior for social interchange, i.e. much chat, comment and remarks that appear to have reciprocal intent. 2 = Some reciprocal social communication, but reduced in frequency/amount or in the number of contexts in which it is used. 3 = Most communication is either objectoriented or a response to questions, or echolalic, or concerned with particular preoccupations; little or no social chat or give and take

INAPPROPRIATE QUESTIONS AND STATEMENTS

0 = Varied range of response according to

2 = Shows responsiveness to social situation but is somewhat socially awkward

3 = Little or no response to the interviewer's attempts to engage subject

or inappropriate or inconsistent

0 – Questions and statements appropriate to conversation and setting

1 = Some questions and statements that are socially inappropriate either because of amount of repetition and/or content

2 = Frequently asks inappropriate questions or makes inappropriate statements

3 = Speech largely consists of inappropriate questions/statements

FACIAL EXPRESSIONS

Coding rules

SOICAL OVERTURES

SOCIAL RESPONSE

social situation

0 = Integrates facial expression, gesture and words to communicate social intention
1 = Slightly odd quality of social overtures; these overtures may often be personal demands or related to the subject's own interests, but there is some attempt to involve the examiner in those interests
2 = Lack of integration of non-verbal aspects and social quality of overtures to the interviewer, including bringing up the subject's preoccupations, with no attempt to involve the examiner in discussion of them
3 = Negligible social overtures of any kind

0 = Uses a range of appropriate facial expression

1 = A few expressions, but stiff, stilted, or mechanical in manner

2 = Limited use of facial expression

3 = Expressions reduced or almost totally lacking

EMOTIONALLY RESPONSIVE TO INTERVIEWER

0 = Emotionally responsive in normal way to the interviewer; shows range of emotions appropriate to the interview situation

2 = Limited emotional response to the interviewer; definite evidence of some appropriate response, but restriction of

Ever:CQA6X04

Codes

Ever:CQA6X03

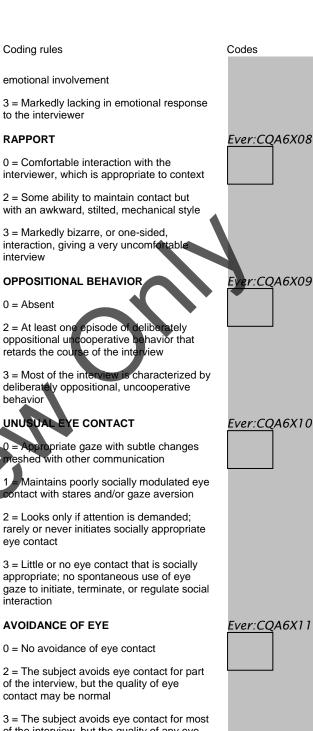
Ever:CQA6X05



Ever:CQA6X06







appropriate; no spontaneous use of eye gaze to initiate, terminate, or regulate social interaction AVOIDANCE OF EYE

RAPPORT

interview

0 = Absent

behavior

1

0 = No avoidance of eye contact

2 = The subject avoids eye contact for part of the interview, but the quality of eye contact may be normal

3 = The subject avoids eye contact for most of the interview, but the quality of any eye contact made may be normal, i.e. abnormality of quality is not being rated here

SOCIAL DISTANCE/POSTURE

0 = Appropriate posture and changes in distance between subject and interviewer

1 = Sustains roughly appropriate position but with limited changes, or an over-relaxed or stiff posture (does not include getting up and moving away)

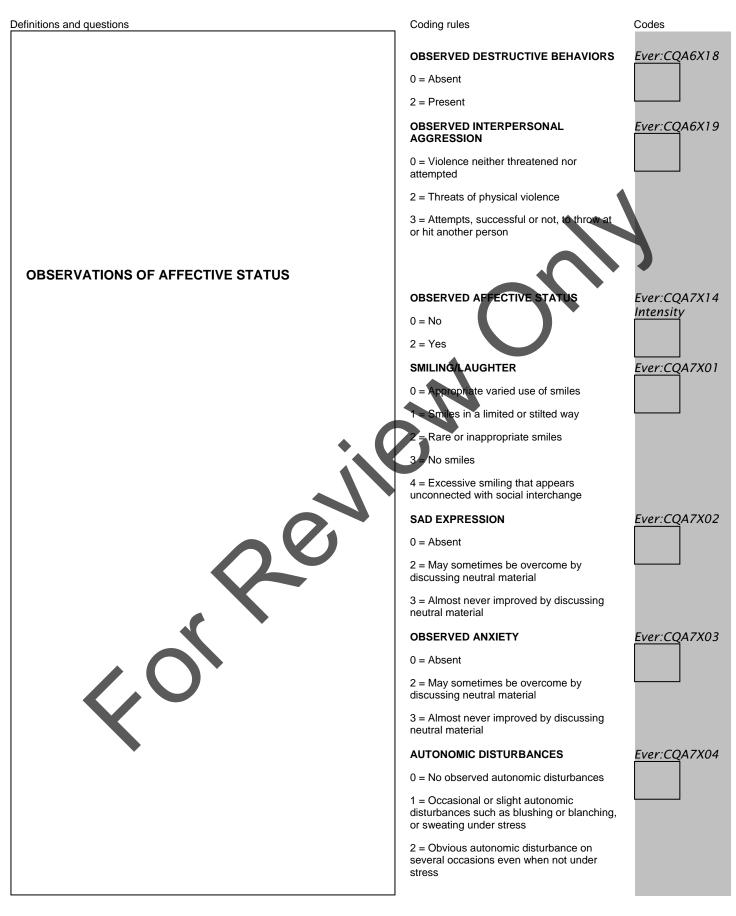
2 = Position definitely inappropriate;

Ever:CQA6X12



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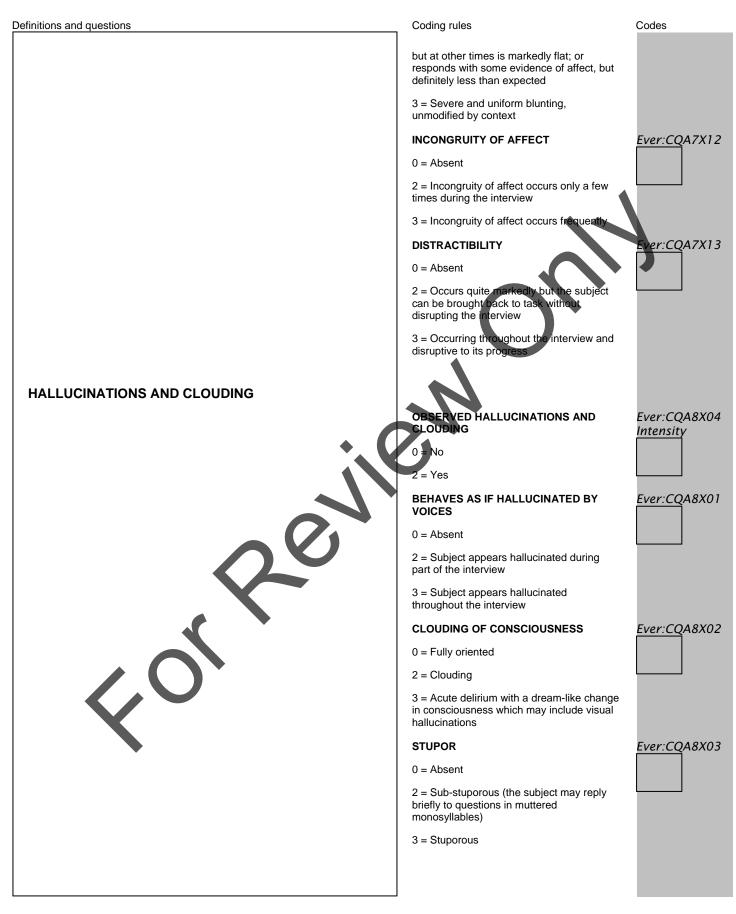
Definitions and questions Coding rules Codes remaining far distant and/or suddenly becoming too close Ever:CQA6X13 SOCIAL DISINHIBITION 0 = No obvious social disinhibition 1 = Occasional cheekiness/disinhibition and somewhat socially naive or imperceptive, but not to the extent of embarrassment 2 = Definite lack of appreciation of social cues in the interview situation; definitely lacks normal social inhibitions and sometimes behaves in socially embarrassing ways 3 = Marked social disinhibition; the subje appears to be unaware of social cues and social requirements so that his/her behavior is frequently embarrassing or inappropriate WHINING OR MOANING Ever:CQA6X14 0 = Absent 2 = Disrupts part of the interview but the child responds when asked to stop = Disrupts most of the interview, despite quests to stop UNUSUAL PREOCCUPATION WITH Ever:CQA6X15 SPECIAL INTERESTS/ACTIVITIES = No preoccupying object, activity or topic of conversation. 2 = Special preoccupying interest but does not interfere in activities. 3 = Special interest that is preoccupying to the degree that it interfere in at least 2 activities. 4 = Special interest that is preoccupying to the degree that it interfere in almost all activities **OBSERVED SOCIALLY** Ever:CQA6X16 UNACCEPTABLE HABITS 0 = None1 = Occasional and/or partially concealed socially unacceptable habits 2 = Frequent, repeated, unconcealed, socially unacceptable habits (nose-picking, scratching genitals, etc.) 3 = Constant display of unconcealed, socially unacceptable habits throughout the interview **OBSERVED TANTRUMS** Ever:CQA6X17 0 = Absent 2 = Present



Definitions and questions Codes Coding rules 3 = Autonomic disturbances which disrupt the interview **OBSERVED TEARFULNESS** Ever:CQA7X05 0 = No tears observed 2 = Tears or tearfulness are associated only with emotionally laden topics or circumstances 3 = Almost continuous tearfulness Ever:CQA7X06 **OBSERVED EXPANSIVE MOOD** 0 = Absent 2 = May sometimes be overcome by discussing neutral material 3 = Almost never improved by liscussing neutral material IRRITABILITY Ever:CQA7X07 0 = Absent 2 = May sometimes be overcome by discussing neutral material Almost never improved by discussing neutral material SUSPICION Ever:CQA7X08 Absent 2 = May sometimes be overcome by discussing neutral material 3 = Almost never improved by discussing neutral material PERPLEXITY Ever:CQA7X09 0 = Absent 2 = May sometimes be overcome by a change of topic 3 = Almost never improved by a change of topic **OBSERVED LABILITY OF MOOD** Ever:CQA7X10 0 = Absent 2 = Changes in amplitude of mood and rate of change of mood are markedly abnormal, but usually context-dependent 3 = Changes in amplitude of mood and rate of change of mood are markedly abnormal, but independent of the context of the interview **BLUNTED AFFECT** Ever:CQA7X11

0 = Absent

2 = Blunting is not uniform, e.g. at times the subject responds affectively to the context,



finitions and questions	Coding rules	Codes
QUALITY OF INTERVIEW		
	OBSERVATIONS OF QUALITY	Ever:CQA9X15
	0 = No	Intensity
	2 = Yes	
	ADEQUACY OF INTERVIEW	Ever:CQA9X01
	0 = Adequate	
	2 = the interview is inadequate, in relation to the specified area, only in certain parts o the interview.	f
	3 = the whole interview is inadequate.	
	MISLEADING ANSWERS OF LIES	Ever:CQA9X02
	0 = Adequate	
	2 = the interview is inadequate, in relation to the specified area, only in certain parts o the interview.	f
	3 = the whole interview is inadequate.	
	DID NOT ANSWER MANY QUESTIONS VERBALLY 0 = Adequate	Ever:CQA9X03
	2 = the interview is inadequate, in relation to the specified area, only in certain parts of the interview.	f
	3 = the whole interview is inadequate.	
	GUARDED INFORMANT	<u>Ever:CQ</u> A9X04
	0 = Adequate	
	2 = the interview is inadequate, in relation to the specified area, only in certain parts o the interview.	f
	3 = the whole interview is inadequate.	
	REFUSED TO CONTINUE	<u>Ever:CQ</u> A9X05
	0 = Adequate	
	2 = the interview is inadequate, in relation to the specified area, only in certain parts o the interview.	f
X	3 = the whole interview is inadequate.	
	IMPAIRED CONSCIOUSNESS	<u>Ever:CQ</u> A9X06
	0 = Adequate	
	2 = the interview is inadequate, in relation to the specified area, only in certain parts o the interview.	f
	3 = the whole interview is inadequate.	

Definitions and questions Coding rules Codes INTOXICATED WITH ALCOHOL OR Ever:CQA9X07 OTHER DRUGS 0 = Adequate 2 = the interview is inadequate, in relation to the specified area, only in certain parts of the interview. 3 = the whole interview is inadequate. UNSUITABLE INTERVIEW Ever:CQA9X08 ENVIRONMNET 0 = Adequate2 = the interview is inadequate, in relation to the specified area, only in certain parts the interview. 3 = the whole interview is inadequate. IMPROVERISHED HOME ENVIRONMENT Ever:CQA9X09 0 = Not impoverished hom 2 = somewhat 3 ere **TEST ADMINSTERED** Ever:CQA9X10 2 ∕es PROBLEM WITH COMPUTER Ever:CQA9X13 COMPONENT 0 = No2 = YesPRESENCE OF POSSIBLE PROBLEMS Ever:CQA9X11 WITH FOLLOWUP 0 = No2 = YesADDITIONAL COMMENTS Ever:CQA9X12 0 = No2 = YesSpecify